



# PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

## FACTORY ACCEPTANCE TEST FOR DUST EXTRACTION UNIT

<b>Department:</b> Quality Assurance	<b>FAT No.:</b>
<b>Title:</b> Factory Acceptance Test for Dust Extraction Unit	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>

**Purpose:** This document provides a guideline / checklist to evaluate, whether FAT is required for the equipment or not. This document can be executed by user or validation department, after receiving the design specification (technical/functional specification) from the vendor.

Fill the following details and evaluate whether FAT shall be conducted or not.

- Approved URS No./Date of approval: \_\_\_\_\_
- Name of the vendor and address: \_\_\_\_\_
- Name of the client and address: \_\_\_\_\_
- Sr. No. (if applicable) of the equipment: \_\_\_\_\_
- Model of the Equipment: \_\_\_\_\_

S.No.	Description of situations	YES / NO
1.	Dust extraction unit is an acceptable industry standard model without customization	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.	Dust extraction unit is an acceptable industry standard model with customization	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.	Completely new fabricated/recently invented model and suitable for the site requirement	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.	The Dust extraction unit involves integration of multiple components from multiple vendors	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.	Does the Dust extraction unit need specific testing/checking of special safety features/ interlock/documents before it is dispatched to the client	YES <input type="checkbox"/> NO <input type="checkbox"/>
6.	Does the Dust extraction unit designed for particular product or packing need	YES <input type="checkbox"/> NO <input type="checkbox"/>



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**Decision making:**

S.No.	Inferences	FAT is Mandatory / Optional
1.	If Dust extraction unit is an acceptable industry standard model without customization	Optional
2.	If Dust extraction unit is an acceptable industry standard model with customization	Optional
3.	If the Dust extraction unit is Completely new fabricated/recently invented model and suitable for the site requirement	Mandatory
4.	If the Dust extraction unit involves integration of multiple components from multiple vendors	Optional
5.	If the system needs specific testing/checking of special safety features/ interlock/ documents before it is dispatched to the client	Mandatory
6.	If the Dust extraction unit designed for particular product or packing need	Mandatory

**Note:** If the decision outcome is mandatory to perform FAT at manufacturer's site then attach the FAT report with this document.

**Refer attached Manufacturer/Supplier FAT No. (if applicable):**

Refer attached FAT No.: \_\_\_\_\_.

**Summary and Conclusion:**




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**Review and Approval:**

Functional area	Name	Designation	Signature	Date
<b>PREPARED BY</b>				
User Department				
<b>REVIEWED BY</b>				
User Dept. Head				
Engineering Dept. Head				
Environment, health and safety				
Quality Control (if applicable)				
Quality Assurance				
<b>APPROVED BY</b>				
QA Head				
Plant Head				