

Protocol No.:	
Revision No.:	_
<b>Effective Date:</b>	
<b>Page No.:</b> 1 of 16	

# PROTOCOL FOR TEMPERATURE MAPPING OF BOD INCUBATOR

AREA: MICROBIOLOGY LAB (QA/QC BLOCK)
LOCATION: BET/MLT LAB

Document No.

Supersedes

Effective Date

No. of Pages

16



# TEMPERATURE MAPPING PROTOCOL Protocol No.: FOR Revision No.: BOD INCUBATOR Effective Date

Protocol No.:
Revision No.:
Effective Date:
Page No.: 2 of 16

# PROTOCOL CONTENTS

S. No.	Section Title	Page No.
1.0	Protocol Approval	3
2.0	Overview	4
	2.1 Objective	4
	2.2 Purpose and Scope	4
	2.3 Responsibility	4
	2.4 Qualification Team	4
3.0	Training Record	5
4.0	Pre – Qualification Requirements	6
5.0	System / Equipment Description	7
6.0	Temperature Mapping Procedure	8
7.0	Acceptance Criteria	9
8.0	Qualification Report	9
9.0	Approval of Qualification Report	9
10.0	Observed Deviation	10
11.0	List of Exhibits/Annexures	11
12.0	Reference Documents (If Any)	11



Protocol No.:	
Revision No.:	
<b>Effective Date:</b>	
<b>Page No.:</b> 3 of 16	

# 1.0 Protocol Approval:

This is a specific protocol for Temperature Mapping of BOD Incubator, which is lying in the Incubator room, Microbiology lab (QA/QC Block).

# **Initial Approval**

This protocol has been approved by the following

# **Prepared By:**

# **Checked By:**

Name	Designation	Department	Signature	Date

# **Final Approval:**

Name	Designation	Department	Signature	Date



Protocol No.:
Revision No.:
Effective Date:
Page No.: 4 of 16

#### 2.0 Overview:

#### 2.1 Objective

To establish the methodology for temperature mapping of BOD Incubator (Equipment No.: ............) which is kept in the BET/MLT lab in Microbiology lab (QA/QC Block).

#### 2.2 Purpose and Scope

The purpose of this protocol is to establish documentary evidence that BOD Incubator (Equipment No.: .......) has been qualified to ensure uniformity of temperature at different locations for the incubation of the samples plates.

This protocol is applicable for the temperature mapping of the BOD Incubator (Equipment No.: ......) which is kept in the BET/MLT lab in Microbiology lab (QA/QC Block).

#### 2.3 Responsibility

- **Protocol / Report Preparation:** Executive Microbiology
- Protocol / Report checking: Manager QC / Manager Maintenance/ Manager QA
- Approval of Protocol / Report: Head QA
- Execution of Qualification Activity: Executive Microbiology / Executive Engineering

#### 2.4 Qualification Team

- Microbiologists /Executive Microbiology
- Engineering Executive / Manager
- Quality Assurance Executive / Manager



Protocol No.:	
<b>Revision No.:</b>	
<b>Effective Date:</b>	
<b>Page No.:</b> 5 of 16	

#### 3.0 Training Record:

#### 3.1 Purpose

The purpose of the training is to familiarize the trainees with overall strategy of temperature mapping of BOD Incubator (Equipment No.: ..........).

#### 3.2 Scope

This Training is applicable to the temperature mapping procedure of the BOD Incubator Equipment No.- ......

#### 3.3 Topics

The following topics shall be covered during training:

- Overall strategy of temperature mapping procedure.
- General precautions / guidelines to be followed during qualification.
- Training record shall be attached with the report as Annexure -01.



Protocol No.:	
Revision No.:	
<b>Effective Date:</b>	
<b>Page No.:</b> 6 of 16	

# **4.0** Pre – Qualification Requirements

Following instruments shall be required for the temperature mapping of the BOD Incubator (.....).

S.No.	Instrument Name	Instrument Code / Sr. No.	Calibration Certificate No.	Calibration Due On
1.	Data logger			
2.	Temperature Sensors			
3.	Temperature Sensors			
4.	Temperature Sensors			
5.	Temperature Sensors			
6.	Temperature Sensors			
7.	Temperature Sensors			
8.	Temperature Sensors			
9.	Temperature Sensors			
10.	Temperature Sensors			
11.	Temperature Sensors			
12.	Temperature Sensors			
13.	Temperature Sensors			
14.	Temperature Sensors			
15.	Temperature Sensors			
16.	Temperature Sensors			
17.	Temperature Sensors			
18.	RTD Sensor (Inbuilt)			

Calibration Certificate shall be attached as Annexure-02.



Protocol No.:	
Revision No.:	
<b>Effective Date:</b>	
<b>Page No.:</b> 7 of 16	

# **5.0** System / Equipment Description

# 5.1 System / Equipment details

The BOD Incubator shall be used to Incubate the test samples at temperature  $22.5^{\circ}$ C.

# 5.2 System /Equipment Identification

Component	Specifications
Name of equipment	BOD incubator
Model	
Serial Number	
Tag No.	
Name of the Supplier	
Chamber size	900 mm (H) x 600 mm (W) x 600 mm (D)
Temperature range	10 to 60°C
Temperature display	Digital with readability of 0.1°C
Trays	3 Nos Perforated
Tray Size	560 x 560 mm
Door	Double wall metal door, magnetic gasket and lock
Chamber Heating	By Tubular heater with Stainless Steel fins
Chamber Cooling	Using Hermetically sealed compressor coupled with evaporation coil and fan cooled condenser in a removable tray at the bottom of the equipment.
Controller	Programmable Logic Controller (PLC)
PLC Model No.	
Human Machine Interface (HMI) Model No.	
Control Panel	Panel at front top to view and set temp. real time clock
Temperature sensor	PT 100 type, Make Simplicon
Equipment Location	Microbiology laboratory (QA/QC Block)
<b>Material of Construction</b>	
Internal Chamber	SS 304
External Chamber	SS 304
Trays	SS 304
Insulation	PUF insulation between outer chamber and inner chamber



Protocol No.:
Revision No.:
Effective Date:
Page No.: 8 of 16

#### **6.0** Temperature Mapping Procedure

The following procedure shall be used for temperature mapping of BOD Incubator.

- 6.1 Location of temperature sensors in chambers shall be as shown in the diagram given in **Exhibit E01**.
- 6.2 16 No. of sensors shall be used for the temperature mapping
- 6.3 One sensor shall be placed at each corner of each shelf and one in the middle.
- 6.4 One sensor shall be placed parallel to the inbuilt sensor.
- 6.5 Set the recording / printing interval as 30 Minutes in data loggers.
- 6.6 Close the door of Incubator.
- 6.7 Now start recording temperature.
- 6.8 Record the temperature profile of the equipment for not less than 24 hours.
- 6.9 Take the print out of the data.
- 6.10 Observations of the temperature mapping shall be recorded as per **Exhibit E02**.
- 6.11 **Acceptable criteria:** Temperature variation at different locations shall not be more than 22.5±2.0°C.
- 6.12 Any deviation observed during Temperature mapping shall be recorded as per **Clause 10.0**.
- 6.13 Observed deviation shall be reported to the Department Head and Quality Head.
- 6.14 If the observed deviation does not have any major impact on the Temperature mapping study the final conclusion shall be provided.
- 6.15 If the observed deviation has major impact on the Temperature mapping, deviation shall be reported to the manufacturer for the corrective action and mapping activity shall be done again.

#### 7.0 Acceptance Criteria

Temperature mapping shall be considered acceptable when requirements listed in section 6.0 of this protocol has been fulfilled and BOD Incubator is performing as per intended purpose.



Protocol No.:	
Revision No.:	
<b>Effective Date:</b>	
<b>Page No.:</b> 9 of 16	

#### 8.0 Qualification Report

The Temperature mapping report shall consist of a summary document, in narrative form, which Shall briefly describe the activity performed along with the observations recorded in relevant exhibits.

This report shall also include the related documents and Attachments/Annexure which were completed at the time of qualification activity.

#### 9.0 Approval of Qualification Report

The report shall be evaluated and proper references / conclusions / recommendations shall be recorded by quality assurance.

The Re- qualification report shall be evaluated and finally approved by quality assurance.



Protocol No.:
Revision No.:
Effective Date:
<b>Page No.:</b> 10 of 16

# 10.0 Observed Deviation

S.No.	Page No.	Point No.	Observed Deviation	Deviation Approved By	Corrective Action Taken	ustification of Corrective Action  taken and justification given by		
Rep	ort Approved	By						
Depar	tment Head				Quality Head			



Protocol No.:	
Revision No.:	
<b>Effective Date:</b>	
<b>Page No.:</b> 13 of 16	

#### 11.0 List of Exhibits/Annexure:

#### 11.1 List of Exhibits:

Exhibit No.	Exhibit Title	No. of Pages
E01	Diagram Showing Locations of temperature probes in BOD Incubator	
E02	Temperature mapping record	
Total No. of Pa	ges	

#### 11.2 List of Annexure:

Annexure No.	Annexure Title	No. of Pages
01	Training Record	
02	Calibration certificates	
03	Printouts of Data logger	
Total No. of Pages		

# 12.0 Reference Documents (If Any)

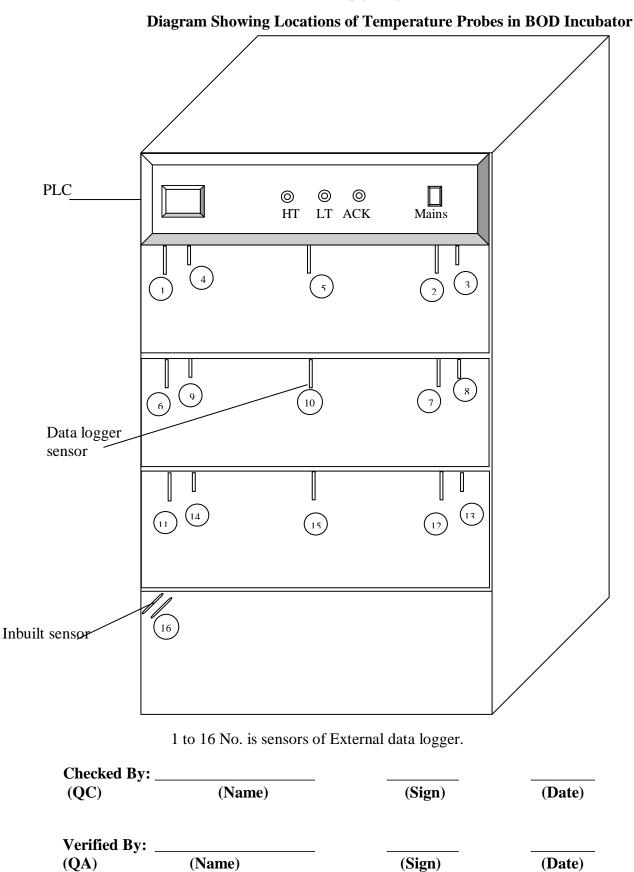
NA



# TEMPERATURE MAPPING PROTOCOL FOR Revision No.: BOD INCUBATOR Effective Date

Protocol No.:
Revision No.:
Effective Date:
Page No.: 1 of 16

#### Exhibit – E01





Protocol No.:	
Revision No.:	
<b>Effective Date:</b>	
<b>Page No.:</b> 1 of 16	

#### Exhibit-E02

# **Temperature Mapping Record**

Mapping started	d on:		Set Temperature (°C):			
Holding time st	arted at/date:		Holding time ended at/Date:			
Probe Description	Minimum Temperature (°C)	Maximum Temperature (°C)	Average Temperature (°C)	Remarks		
Probe 1	, ,	, ,				
Probe 2						
Probe 3						
Probe 4						
Probe 5						
Probe 6						
Probe 7						
Probe 8						
Probe 9						
Probe 10						
Probe 11						
Probe 12						
Probe 13						
Probe 14						
Probe 15						
Probe 16						
_	_	-		ion more than 22.5±2 °C.		
Remarks: Ten	nperature at all the	locations is within/is	s not within accept	ance criteria.		
Checked By:						
(QC)	(Name)		(Sign)	(Date)		
Verified By:						
(QA)	(Name)		(Sign)	(Date)		



Protocol No.:	
Revision No.:	
<b>Effective Date:</b>	
<b>Page No.:</b> 2 of 16	

# Annexure-01

# **Training Record**

<b>Equipment Name:</b>	BOD Incubator
Equipment No.:	
Location:	Microbiology Lab (QA/QC Block)
No. of Pages:	



Protocol No.:	
Revision No.:	1
Effective Date:	1
<b>Page No.:</b> 3 of 16	1

# Annexure – 02

# **Calibration Certificates**

<b>Equipment Name:</b>	BOD Incubator
<b>Equipment No.:</b>	
Location:	Microbiology Lab (QA/QC Block)
No. of Pages:	



Protocol No.:	
<b>Revision No.:</b>	
<b>Effective Date:</b>	
<b>Page No.:</b> 4 of 16	

# Annexure – 03

# **Print outs of Data logger**

<b>Equipment Name:</b>	BOD Incubator
Equipment No.:	
Location:	Microbiology Lab (QA/QC Block)
No. of Pages:	