



PHARMA DEVILS

**PERFORMANCE QUALIFICATION PROTOCOL CUM REPORT
FOR
BIN BLENDER (PILLAR TYPE)**

PROTOCOL No.:

**PERFORMANCE QUALIFICATION PROTOCOL CUM
REPORT
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Document Reference: OQ No.:.....

Issue Date: _____



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1.0 Pre-approval Protocol:

This document has been developed and the individuals listed below have reviewed the document and agree with its content and with their signature grant approval for its execution).

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



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2.0 OBJECTIVE: To ensure that the installed equipment is capable to perform consistently as intended by running the system at operational conditions and recording all relevant operation and results.

3.0 Scope: The scope of this Performance Qualification is for “**BIN BLENDER (PILLAR TYPE), Capacity: 600 Litres**” which is installed for blending of granules for tablet formulation.

Equipment Code: _____

4.0 Reason for PQ:

The reason for preparing this document is:

Please tick any one (or multiple) option(s) from the following (☑):

- | | |
|---|-------------------------------------|
| Refurbished premises/equipment | <input type="checkbox"/> |
| Purchase of Utility Systems | <input type="checkbox"/> |
| Purchase of Process Equipment | <input checked="" type="checkbox"/> |
| Purchase of Laboratory Equipment | <input type="checkbox"/> |
| Bespoke or user configured computer systems | <input type="checkbox"/> |
| In-Use Systems that don't have a URS | <input type="checkbox"/> |

5.0 Refer attached Manufacturer/Supplier Performance Qualification No. (if applicable):

Refer attached PQ No.:_____.



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6.0 Responsibility: Personnel involved in qualification activity.

Department	Name	Activity
User		To prepare the performance qualification protocol and operate/ monitor/ perform the qualification activity and record.
Engineering		To provide support and perform performance qualification.
Health Safety and Environment		To verify and monitor the safety aspects.
Quality Control		To perform the analysis of samples and provide the results.
Quality Assurance		To perform the sampling & be a part of team and review the performance of equipment and documents.
QA Head		To review and approve the Qualification document.
Plant Head		To review and approve the Qualification document.

7.0 Training: Personnel involved in performance qualification activity.

S.No.	Name	Training status	Training report availability	Checked by/ date
7.1				
7.2				
7.3				
7.4				
7.5				



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8.0 VERIFICATION OF INSTRUMENTS FOR CALIBRATION:

S.No.	Instrument Name	Instrument ID	Calibration done on	Calibration due on	Checked by/ Date
8.1					
8.2					
8.3					
8.4					
8.5					

9.0 PERFORMANCE CHECK OR CHALLENGE STUDY OF THE EQUIPMENT:

9.1 Refer Process validation Protocol No.: _____ and Process validation Report No.: _____

9.2 Batch details taken for performance check or challenge study:

Product Name	Batch No.

10.0 PERFORMANCE CHECK OF SOFTWARE (if any):

NA

11.0 Reference Documents: Nil.

12.0 Abbreviations: Full forms of all abbreviations are listed here.



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Abbreviation

Full form

PQ : Performance Qualification

No. : Number

QA : Quality Assurance

OQ : Operation Qualification

ID : Identification

SOP : Standard operating procedure

OOS : Out of specification

OOT : Out of trend

cGxP : Current good x practices, Where x stands for manufacturing, laboratory, clinical, distribution, documentation.

Sr. No. : Serial Number

13.0 Attachments: This section contains a list of all attachments referenced in the protocol.

S.No.	Attachment Details	Attachment No.
13.1		
13.2		
13.3		
13.4		
13.5		



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14.0 Deviations/ Incident/ Changes/ OOS/ OOT (if any):

15.0 Recommendations/ Conclusion :



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16.0 Post approval:

This document has been developed and the individuals listed below have reviewed the document and agree with its content and with their signature grant approval for its execution).

Functional area	Name	Designation	Signature	Date
PERFORMED BY				
User Department				
Engineering				
EHS				
Quality Control (if applicable)				
Validation QA				
REVIEWED BY				
User Dept. Head				
Quality Assurance				
APPROVED BY				
QA Head				
Plant Head				