



**Compressed Air Trend Verification**

**Name of the Department:** Microbiology

**Sample Size:** Trend Monitoring for last three months period. (If any discrepancy observes than the review shall be extend to more 3 months data from previous period)

**Details of Record under review along with the established procedure:**

**Month:**

S.No.	Description of Compressed Air testing No. of Selected day: _____ → No. of Selected date: _____ →	Review Details					
		Day 1	Day 2	Day 3	Day 4	Day 5	
1.	Name of Sample						
2.	Pressure During sampling						
3.	Lot no. of Sodium casein Digest agar medium						
4.	Date of Sampling						
5.	Analytical report No.						
6.	Incubator ID						
7.	Activity start on						
8.	Activity Completed on						
9.	Activity done By						
10	Sampling details						
	A. a) Sampling Point						
	b) Sampling Location						
	c) Sampling time	From					
		To					
	d) Sampling Done By						
	e) Total Fungal Count (cfu/m <sup>3</sup> )	Acceptance criteria	Should be absent	Should be absent	Should be absent	Should be absent	Should be absent
		Results	Nil	Nil	Nil	Nil	Nil
	f) Total bacterial Count (cfu/m <sup>3</sup> )	Acceptance criteria	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>
		Results					
B.	a) Sampling Point						
	b) Sampling Location						
	c) Sampling time	From					
		To					
	d) Sampling Done By						
e) Total Fungal Count (cfu/m <sup>3</sup> )	Acceptance criteria	Should be absent	Should be absent	Should be absent	Should be absent	Should be absent	



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S.No.	Description of Compressed Air testing No. of Selected day: _____ No. of Selected date: _____		Review Details				
			Day 1	Day 2	Day 3	Day 4	Day 5
		Results	Nil	Nil	Nil	Nil	Nil
	f) Total bacterial Count (cfu/m3)	Acceptance criteria	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>
		Results					
C.	a) Sampling Point						
	b) Sampling Location						
	c) Sampling time	From					
		To					
	d) Sampling Done By						
	e) Total Fungal Count (cfu/m3)	Acceptance criteria	Should be absent	Should be absent	Should be absent	Should be absent	Should be absent
		Results	Nil	Nil	Nil	Nil	Nil
f) Total bacterial Count (cfu/m3)	Acceptance criteria	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	
	Results						
D.	a) Sampling Point						
	b) Sampling Location						
	c) Sampling time	From					
		To					
	d) Sampling Done By						
	e) Total Fungal Count (cfu/m3)	Acceptance criteria	Should be absent	Should be absent	Should be absent	Should be absent	Should be absent
		Results	Nil	Nil	Nil	Nil	Nil
f) Total bacterial Count (cfu/m3)	Acceptance criteria	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	
	Results						
E.	a) Sampling Point						
	b) Sampling Location						
	c) Sampling time	From					
		To					
d) Sampling Done By							



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S.No.	Description of Compressed Air testing No. of Selected day: _____ No. of Selected date: _____		Review Details				
			Day 1	Day 2	Day 3	Day 4	Day 5
	e) Total Fungal Count (cfu/m3)	Acceptance criteria	Should be absent	Should be absent	Should be absent	Should be absent	Should be absent
		Results	Nil	Nil	Nil	Nil	Nil
	f) Total bacterial Count (cfu/m3)	Acceptance criteria	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>
		Results					
F.	a) Sampling Point						
	b) Sampling Location						
	c) Sampling time	From					
		To					
	d) Sampling Done By						
	e) Total Fungal Count (cfu/m3)	Acceptance criteria	Should be absent	Should be absent	Should be absent	Should be absent	Should be absent
		Results	Nil	Nil	Nil	Nil	Nil
f) Total bacterial Count (cfu/m3)	Acceptance criteria	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	
	Results						
G.	a) Sampling Point						
	b) Sampling Location						
	c) Sampling time	From					
		To					
	d) Sampling Done By						
	e) Total Fungal Count (cfu/m3)	Acceptance criteria	Should be absent	Should be absent	Should be absent	Should be absent	Should be absent
		Results	Nil	Nil	Nil	Nil	Nil
f) Total bacterial Count (cfu/m3)	Acceptance criteria	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	
	Results						
H.	a) Sampling Point						
	b) Sampling Location						
	c) Sampling time	From					
To							



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S.No.	Description of Compressed Air testing No. of Selected day: _____ → No. of Selected date: _____ →		Review Details				
			Day 1	Day 2	Day 3	Day 4	Day 5
	<b>d) Sampling Done By</b>						
	<b>e) Total Fungal Count (cfu/m<sup>3</sup>)</b>	<b>Acceptance criteria</b>	Should be absent	Should be absent	Should be absent	Should be absent	Should be absent
		<b>Results</b>	Nil	Nil	Nil	Nil	Nil
	<b>f) Total bacterial Count (cfu/m<sup>3</sup>)</b>	<b>Acceptance criteria</b>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>
		<b>Results</b>					
	<b>I.</b>	<b>a) Sampling Point</b>					
	<b>b) Sampling Location</b>						
	<b>c) Sampling time</b>	<b>From</b>					
		<b>To</b>					
	<b>d) Sampling Done By</b>						
	<b>e) Total Fungal Count (cfu/m<sup>3</sup>)</b>	<b>Acceptance criteria</b>	Should be absent	Should be absent	Should be absent	Should be absent	
		<b>Results</b>	Nil	Nil	Nil	Nil	
	<b>f) Total bacterial Count (cfu/m<sup>3</sup>)</b>	<b>Acceptance criteria</b>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	
		<b>Results</b>					
<b>J.</b>	<b>a) Sampling Point</b>						
	<b>b) Sampling Location</b>						
	<b>c) Sampling time</b>	<b>From</b>					
		<b>To</b>					
	<b>d) Sampling Done By</b>						
	<b>e) Total Fungal Count (cfu/m<sup>3</sup>)</b>	<b>Acceptance criteria</b>	Should be absent	Should be absent	Should be absent	Should be absent	
		<b>Results</b>	Nil	Nil	Nil	Nil	
	<b>f) Total bacterial Count (cfu/m<sup>3</sup>)</b>	<b>Acceptance criteria</b>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	
		<b>Results</b>					
<b>K.</b>	<b>a) Sampling Point</b>						
	<b>b) Sampling Location</b>						
	<b>c) Sampling time</b>	<b>From</b>					



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S.No.	Description of Compressed Air testing No. of Selected day: _____ No. of Selected date: _____		Review Details					
			Day 1	Day 2	Day 3	Day 4	Day 5	
		To						
	d) Sampling Done By							
	e) Total Fungal Count (cfu/m <sup>3</sup> )	Acceptance criteria	Should be absent	Should be absent	Should be absent	Should be absent	Should be absent	
		Results	Nil	Nil	Nil	Nil	Nil	
	f) Total bacterial Count (cfu/m <sup>3</sup> )	Acceptance criteria	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	
		Results						
	L.	a) Sampling Point						
		b) Sampling Location						
		c) Sampling time	From					
			To					
d) Sampling Done By								
e) Total Fungal Count (cfu/m <sup>3</sup> )		Acceptance criteria	Should be absent	Should be absent	Should be absent	Should be absent	Should be absent	
		Results	Nil	Nil	Nil	Nil	Nil	
f) Total bacterial Count (cfu/m <sup>3</sup> )	Acceptance criteria	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>		
	Results							
M	a) Sampling Point							
	b) Sampling Location							
	c) Sampling time	From						
		To						
	d) Sampling Done By							
	e) Total Fungal Count (cfu/m <sup>3</sup> )	Acceptance criteria	Should be absent	Should be absent	Should be absent	Should be absent	Should be absent	
		Results	Nil	Nil	Nil	Nil	Nil	
f) Total bacterial Count (cfu/m <sup>3</sup> )	Acceptance criteria	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>	NMT 100 cfu/m <sup>3</sup>		
	Results							
11.	Analyzed By:							
	Date							



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S.No.	Description of Compressed Air testing No. of Selected day: _____ → No. of Selected date: _____ →	Review Details				
		Day 1	Day 2	Day 3	Day 4	Day 5
12.	<b>Checked By:</b>					
	<b>Date</b>					
13.	<b>Approved By:</b>					
	<b>Date</b>					

**Review of Attendance data of the person signing the Specific record:**

Particular involved in activity	Day 1	Day 2	Day 3	Day 4	Day 5
Name	Present	Present	Present	Present	Present
Name	Present	Present	Present	Present	Present
Name	Present	Present	Present	Present	Present
Name	Present	Present	Present	Present	Present

**Review of the training records of the persons involved in particular activity.**

Topic	Document no.	Name	Name	Name	Name
Preparation, evaluation, storage, use and disposal of cultural media	-	Trained	Trained	Trained	Trained
Operation, cleaning and performance of horizontal laminar air flow bench	-	Trained	Trained	Trained	Trained
Preparation, storage and use of standardized stable suspensions of test strains of micro-organisms.	-	Trained	Trained	Trained	Trained
Indenting , Receipt and Approval of dehydrated culture media	-	Trained	Trained	Trained	Trained
Operation & cleaning of vertical steam sterilizer used for media sterilization in microbiology section.	-	Trained	Trained	Trained	Trained
Operation, monitoring and cleaning of bacteriological incubators.	-	Trained	Trained	Trained	Trained
Operation and calibration of PH meter	-	Trained	Trained	Trained	Trained
Operation, Cleaning, Verification and Calibration of Analytical Weighing Balance.	-	Trained	Trained	Trained	Trained



**Compressed Air Trend Verification**

**3.0 Documentation of any discrepancies identified during verification along with action taken:**

**3.1 Details of discrepancy identified**

**Quality Assurance**

**(Signature/Date):** \_\_\_\_\_

**Quality Control**

**(Signature/Date):** \_\_\_\_\_

**3.2 Impact assessment**

**Quality Assurance(Signature/Date):** \_\_\_\_\_

**3.3 Corrective Action taken**

**Date of completion of actions outlined:**

**Quality Assurance**

**(Signature/Date):** \_\_\_\_\_

**Quality Control**

**(Signature/Date):** \_\_\_\_\_

**4.0 Evaluation and Conclusion:**

**Quality Assurance**

**(Signature/Date):** \_\_\_\_\_

**Quality Control**

**(Signature/Date):** \_\_\_\_\_