



PHARMA DEVILS
QUALITY ASSURANCE DEPARTMENT

FAT FOR BLISTER PACKING MACHINE

EQUIPMENT NAME : **BLISTER PACKING MACHINE**

EQUIPMENT MAKE : PAM-PAC MACHINES LTD.

EQUIPMENT MODEL (& S.No.) : BP - 602
(Sr. No.....)

TEST CRITERION:

| S.No. | DESCRIPTION | STATUS Complies/Not complies (If not complies, then list them under deficiency and corrective action report) |
|-------|---|--|
| 1. | Verification of P & ID walk down, resulting in an as -built P & ID, and other drawings | |
| 2. | Verification of the proper operation of the unit operations, including test sequences, shut down & start up | |
| 3. | Alarms & interlock testing verification | |
| 4. | Safety features verification | |
| 5. | Documentation check & certification of the equipment. | |
| 6. | Instrument components including sensors, Motors, gauges, filters their locations, Calibration/validation certificates and their traceability. | |
| 7. | Alignment of Blister packing machine with Carton packing machine. | |
| 8. | Temperature check of film forming & blister forming rollers. | |
| 9. | Cycle step through timer verification. | |
| 10. | Cycle programming verification | |
| 11. | Vacuum/Drainage system of the equipment. | |
| 12. | Utility connections. | |



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|-------|---|--|
| 13. | Electrical power test. Pneumatic/lubrication checks. | |
| 14. | Welding and/or surface finish. | |
| 15. | Material of construction with certificate. | |
| 16. | PLC documentation (Ledger logics printouts) | |
| 18. | Working of non-fill detection system. | |
| 19. | Efficiency of water cooler. | |
| 20. | Any other | |

DESIGN VERIFICATION CHECK LIST:

| S.No. | Contents | Specifications | Final Specification | Remarks |
|-----------------------------------|---|---|---------------------|---------|
| 1. DIMENSIONS OF EQUIPMENT | | | | |
| | Length Width Height | 4500 mm 1900 mm 2000 mm | | |
| 2. OUT PUT/ CAPACITY | | | | |
| | For PVC blister For Alu/ Alu blister For punching station | 45 cycle/ min. 35 cycle/ min. 300 cycle/ min. | | |
| 3. UTILITY DETAILS | | | | |
| | Power | 415V, 50 Hz | | |
| | Electric consumption | 12 kw | | |
| | Cooling water | Approx. 16 liters/ min. at 18 °C to 20 °C | | |
| | Compressed air | 25 CFM at 7.5 bar | | |
| 4. BLISTER FORMING AREA | | | | |



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|-------------------------------------|--|--|---------------------|---------|
| | For PVC/ Alu blisters For Alu/ Alu blisters | 240 mm (width) 180 mm (adv.) 232 mm (width) 180 mm (adv.) Max. draw depth 12 mm | | |
| 5. THERMOFORMING FILM | | | | |
| | Material Width Reel diameter Core diameter | PVC, PVC/PVDC, PVC/AL/OPA, ACLAR 252 mm (Max.) 450 mm (max.) 74 - 76 mm | | |
| 6. LIDDING | | | | |
| | Material Material Width Reel diameter Core diameter | Suitable for heat sealing Aluminium, paper, PVC & laminate 246 mm (Max.) 250 mm (max.) 74 - 76 mm | | |
| 7. MATERIAL OF CONSTRUCTION | | | | |
| | Contact parts: Non - contact parts: | SS 316L SS 304 | | |
| 8. FINISH & CONSTRUCTION | | | | |
| | Finish & Construction | Crevice free, sharpless rounded corners & contact surfaces | | |
| 9. VACUUM PUMP | | | | |



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| S.No. | Contents | Specifications | Final Specification | Remarks |
|--|---|----------------|---------------------|---------|
| | Pump Make Model Motor Capacity Make Model | | | |
| 10. AC DRIVE MOTOR | | | | |
| | Capacity (HP/V) Make Model RPM | | | |
| 11. PLC SYSTEM | | | | |
| | Make Model | | | |
| 12. MMI | | | | |
| | Make Model | | | |
| 13. WATER COOLER | | | | |
| | Make Model Cooling range | | | |
| 14. MOTORS (Height & Width) | | | | |
| | Capacity (HP/V) Make Model RPM Quantity | | | |
| 15. PRESSURE GAUGES | | | | |
| | Make Model Range Quantity | | | |
| 16. TEMPERATURE SENSORS | | | | |



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| S.No. | Contents | Specifications | Final Specification | Remarks |
|---|------------------------------------|----------------|---------------------|---------|
| | Make Model Range Quantity | | | |
| 17. NON-FILL DETECTION SYSTEM | | | | |
| | Make Model | | | |
| 18. EMBOSSING & PERFORATION UNIT | | | | |
| | Make Model Size | | | |



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DEFICIENCY & CORRECTIVE ACTION REPORT:

Description of deficiency and date observed:

Person, responsible for corrective action and date assigned:

Corrective action taken and date conducted:

Any other (Please specify):



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FINAL REPORT:

Summary:

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Analysis / Evaluation of Design:

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Certification:

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