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# PROTOCOL FOR DISINFECTANT EFFICACY & CHALLENGE VALIDATION



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## 1.0 Protocol Approval

	Prepared By	Checked By	Approved By
Signature			
Name			
Date			
Dept.	Officer (Microbiology)	Manager Q.C.	Manager Q.A.



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#### **2.0 OBJECTIVE:**

The objective of this protocol is to challenge risk management in environment monitoring studies.

#### **3.0 SCOPE**:

This protocol describes the procedure for risk management in environment monitoring studies.

#### **4.0 VALIDATION TEAM:**

Officer - Microbiology

Executive - Microbiology

Manager – Quality Assurance

Note:

- (a) In absence of head of the department, his designee shall be considered as Validation Core Committee member.
- (b) Mention name of the Qualification Team members in report.

#### **5.0 RESPONSIBILITY:**

#### **5.1** Quality Control (Microbiology Section):

To prepare protocol and report and execution of study.

#### **5.2** Quality Assurance:

To approve protocol & report.

#### 6.0 RE-VALIDATION CRITERIA:

Revalidation is performed:

- a) Change in disinfectant
- b) Change in AHU system
- c) Any other changes which affects Environment.



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7.0	<b>REQUIREMENTS:</b>
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- 7.1 Medium used for validation:
  - 1) Soyabean Casein Digest Agar(SCDA)
- 7.2 Glassware: Sterile pipettes; Sterile Petri plates, conical flask.
- 7.3 Equipments:
  - 1) Autoclave (ID. NO.: .....)
  - 2) Incubator (ID. NO.: ..... for incubation at 30-35 ° C temperature).
  - 3) Incubator (ID. NO.: ......for incubation at 20-25 ° C temperature).



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#### **8.0 PROCEDURE:**

- 8.1.1 Media exposure plates are prepared as per SOP & check them visually.
- 8.1.2 Expose the plates in double no. of quantity one at the routine location and other just opposite to the routine locations
- 8.1.3 Plates are exposed in following areas at various places for 4 hrs.
- 8.1.4 Incubate the plates at 30-35°C for 3 days & 20 25° C for 2 days.
- 8.1.5 Trend of environment count checked.
- 8.1.6 Places where maximum counts are observed are taken for plates exposure for routine monitoring.

9.0	ABBREVIATIONS:			
	Q.A.	••	Quality Assurance	
	Q.C.	:	Quality Control	
	cfu / ml	:	colony forming unit	



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## Annexure – I

## Day/date

S. No.	Routine Sampling	Extra Sampling	Res	ults	Analyzed by	Checked by	Remarks
	Location	Location	Routine Sampling Location	Extra Sampling Location	Dy .	by	

Compiled BY	Checked By	Checked By	Approved BY
Officer QA	Head –Q.C.	Head Production	Head- Q.A.
Date:	Date:	Date:	Date: