



PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

QUALITY RISK ASSESSMENT & MITIGATION PLAN

FAILURE MODE EFFECT ANALYSIS FOR BATCH RELEASE (OSD)

Reference Document No.: _____ **Risk Assessment No.:**

Name of Facility / Equipment / Utility / System / Activity / Procedure / Unit Operation for: Batch release (OSD) **Date Of Quality Risk Assessment:** _____

S. No.	Item / Function	Potential Failure Mode	Potential Effect of Failure (Effect)	Potential Cause/ Mechanism of Failure	Current Control	Reference	Risk with Current control Measure				Recommended Actions (if any)	Risk after control measure			RPN (S*O*D)
							S	O	D	Risk Priority Number (S*O*D)		S	O	D	
1.	Batch release	In-complete analytical records and QA release documentation	System failure/ Market Complaint	<ul style="list-style-type: none"> ➤ No SOP for review of analytical records ➤ No SOP for batch release 	<ul style="list-style-type: none"> ➤ SOP for review of analytical records ➤ Only QA Head or in the absence of QA Head Deputed person is Authorized to release the Batch ➤ SOP for review batch release 	SOP	4	1	4	16	NA	NA	NA	NA	

Where: S=Severity; O=Occurrence Probability; D=Detection

Remarks (if any):



PHARMA DEVILS
QUALITY ASSURANCE DEPARTMENT

QUALITY RISK ASSESSMENT & MITIGATION PLAN

FAILURE MODE EFFECT ANALYSIS FOR BATCH RELEASE (OSD)

Reference Document No.:

Risk Assessment No.:

Quality Risk Management Team			Reviewed By Head Operations Sign & Date	Approved By Head QA Sign & Date
Name	Department	Sign & Date		



PHARMA DEVILS
QUALITY ASSURANCE DEPARTMENT

QUALITY RISK ASSESSMENT & MITIGATION PLAN

FAILURE MODE EFFECT ANALYSIS FOR BATCH RELEASE (OSD)

Reference Document No.:

Risk Assessment No.:

QUALITY RISK ASSESSEMENT AND MITIGATION SUMMARY REPORT

Name of Facility / Equipment / Utility / System / Activity / Procedure / Unit Operation:	Batch release
---	---------------

S. No.	Recommended Action	Responsible Person	Target Date of Completion

Verification of Action Plan:

All the above agreed actions completed, Not Completed.

(*incase any recommendations Not completed, to be tracked through CAPA System)

Remarks (if any):

Verified By
QA
Sign & Date

Approved By
Head QA
Sign & Date