



# PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

## QUALITY RISK ASSESSMENT & MITIGATION PLAN

### FAILURE MODE EFFECT ANALYSIS FOR BLENDING OF OSD

Reference Document No.:

Risk Assessment No.: .....

Name of Facility / Equipment / Utility / System / Activity / Procedure / Unit Operation for: **Blending (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.	Blending	Probability of improper cleaning	Contamination & product failure	<ul style="list-style-type: none"> <li>➤ Blender is not qualified.</li> <li>➤ Blender is not working properly.</li> <li>➤ Preventive maintenance schedule is not available &amp; followed.</li> <li>➤ Activity is performed by untrained personnel.</li> <li>➤ All washing process not done on controlled area.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Blender is qualified.</li> <li>➤ Blender is working properly &amp; preventive maintenance schedule available &amp; followed.</li> <li>➤ Blender checked daily as per provided check list.</li> <li>➤ Activity is performed by the trained personnel.</li> <li>➤ All washing process done on controlled area.</li> </ul>	Qualification Protocol	4	1	2	8	NA	NA	NA	NA	NA
		Probability of improper working of blender	False result	<ul style="list-style-type: none"> <li>➤ Blender is not qualified.</li> <li>➤ Blender is not working properly.</li> <li>➤ Preventive maintenance schedule is not available &amp; followed.</li> <li>➤ Activity is performed by untrained personnel.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Blender is qualified.</li> <li>➤ Blender is working properly &amp; preventive maintenance schedule available &amp; followed.</li> <li>➤ Blender checked daily as per provided check list.</li> <li>➤ Activity is performed by the trained personnel.</li> </ul>	Qualification Protocol	4	1	3	12	NA	NA	NA	NA	NA
		Probability of microbial contamination in product through	Product failure	<ul style="list-style-type: none"> <li>➤ If machine parts are not cleaned properly.</li> <li>➤ If untrained persons performing activity.</li> <li>➤ Procedure in not</li> </ul>	<ul style="list-style-type: none"> <li>➤ Verification of cleaning of machine parts by QA.</li> <li>➤ Only trained persons performed all the activity.</li> <li>➤ Procedure of handling of</li> </ul>	SOP	4	1	4	16	NA	NA	NA	NA	NA



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							S	O	D	Risk Priority Number (S*O*D)		S	O	D	
	<b>Blending</b>	machine parts		available for handling of Machine Parts. ➤ Cleaning of change parts not done properly	change parts is available. ➤ Cleaning of change parts done properly										
		Variation in particle size distribution	Poor compaction properties ,poor flow of granules , Poor homogeneity.	<ul style="list-style-type: none"> <li>➤ Variable granulation end point</li> <li>➤ Incorrect equipment</li> <li>➤ Wrong screen sizes used</li> <li>➤ Person not trained to performed the activity</li> </ul>	<ul style="list-style-type: none"> <li>➤ Proper screen size taken during milling and sifting process as per BMR</li> <li>➤ Granulation done as per BMR instruction and as per SOP of equipment and area.</li> <li>➤ Only trained persons performed all the activity.</li> </ul>	All SOP of Manufacturing Area	4	1	2	8	NA	NA	NA	NA	NA



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

**Remarks (if any):**

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



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**QUALITY RISK ASSESSEMENT AND MITIGATION SUMMARY REPORT**

Name of Facility / Equipment / Utility / System / Activity / Procedure / Unit Operation:	Blending
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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):**

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Verified By  
QA  
Sign & Date

Approved By  
Head QA  
Sign & Date