

**Reference Document No.:** 

# PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

### **QUALITY RISK ASSESSMENT & MITIGATION PLAN**

### FAILURE MODE EFFECT ANALYSIS FOR COMPRESSION OF OSD

Name of Facility / Equipment / Utility / System / Activity / Procedure / Unit Operation for: Compression (OSD)

Risk Assessment No.: .....

Date Of Quality Risk Assessment:

G	<b>T</b> , (	Potential	Potential	Potential Cause/					tisk with Current control Measure		Recommende d Actions	e Risk after control measure			RPN
S. No.	Item / Function	Failure Mode	Effect of Failure (Effect)	Mechanism of Failure	Current Control	Reference S	S	0	D	Risk Priority Number (S*O*D)		S	0	(S*O*]	(S*O*D)
1.	Compression	Probability of improper working of machine	Contamin ation & product failure	<ul> <li>schedule is not available &amp; followed.</li> <li>Activity is performed by untrained personnel.</li> <li>Defects not checked for its appearance or shape/size</li> <li>Change parts like</li> </ul>	<ul> <li>working properly &amp; preventive maintenance schedule available &amp; followed.</li> <li>Compression machine checked before taking product as per provided</li> </ul>	Qualification Protocol SOP	4	1	4	16	NA	NA	NA	NA	NA



# PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

### **QUALITY RISK ASSESSMENT & MITIGATION PLAN**

## FAILURE MODE EFFECT ANALYSIS FOR COMPRESSION OF OSD

Refer	Reference Document No.:       Risk Assessment No.:														
S.	Item /	Potential	Kittoot ('urront		Current		Risk with Current control Measure			leasure		Risk after control measure			RPN
No.	Function	Failure Mode		Reference	S	0	D	Risk Priority Number (S*O*D)	S	0		D	(S*O*D)		
					Inspection, Handling, Polishing and Destruction of Punches and Dies										
		Probability of defects in compressed tablets	Market Complaint	<ul> <li>Proper setting of machine is not done.</li> <li>If compression machine not checked.</li> <li>Non availability of metal detector.</li> <li>Punch not cleaned properly by operator</li> <li>In process or machine run by untrained persons.</li> <li>If In-process not done at regular interval by trained person.</li> <li>Compression machine is not qualified</li> </ul>	<ul> <li>Initial setting parameter is checked by the Operator and Production Personnel for proper setting of the machine before starting batch.</li> <li>Initial parameter also verified by QA Personnel.</li> <li>SOP for operation of metal detector is available.</li> <li>Proper cleaning of machine parts before every batch.</li> <li>Only trained person performed the in- process.</li> <li>Regular in-process checks are performed by the production and QA.</li> <li>Compression machine is qualified</li> </ul>	SOP Qualification Protocol	4	1	3	12	NA	NA	NA	NA	NA



## PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

### **QUALITY RISK ASSESSMENT & MITIGATION PLAN**

FAILURE MODE EFFECT ANALYSIS FOR COMPRESSION OF OSD

**Reference Document No.:** 

Risk Assessment No.: .....

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

Remarks (if any):

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



# PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

#### **QUALITY RISK ASSESSMENT & MITIGATION PLAN**

#### FAILURE MODE EFFECT ANALYSIS FOR COMPRESSION OF OSD

**Reference Document No.:** 

Risk Assessment No.: .....

#### **QUALITY RISK ASSESSEMENT AND MITIGATION SUMMARY REPORT**

Name of Facility / Equipment / Utility / System / Activity / Procedure / Unit Operation:	Compression (OSD)

S. No.	Recommended Action	<b>Responsible Person</b>	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