



PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

QUALITY RISK ASSESSMENT & MITIGATION PLAN

FAILURE MODE EFFECT ANALYSIS FOR VENDOR EVALUATION

Reference Document No.:

Risk Assessment No.:

Name of Facility / Equipment / Utility / System / Activity / Procedure / Unit Operation for: Vendor evaluation

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.	Vendor Evaluation	Risk of Low potent/out of specification results of material receiving from the vendor.	Physical Description and assay not get within specification	<ul style="list-style-type: none"> Vendor not qualified. Approved lab and approved chemist not available at raw material manufacturing site. Approved testing procedure not available at Raw material manufacturing site Without testing material dispatch from vendor site. Appropriate/ Validated 	<ul style="list-style-type: none"> All selected vendors for materials are qualified. Vendor qualification is done at the time of selection of vendor through questioners, vendor audits and joint analysis. At the time of vendor audit all checks point covers as per check list like approval of lab, chemist and training program of all manufacturing chemist. Approved Standard testing procedure and standard testing specification are available. All raw materials which are come from the vendor side not received without Certificate of Analysis (COA) 	<p>Vendor qualification report</p> <p>Analysis Results</p> <p>Standard testing specification,</p> <p>Standard testing Procedure</p> <p>Stability testing Report</p> <p>Vendor evaluation report,</p> <p>Analysis</p>	4	2	4	32	NA	NA	NA	NA	NA



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							S	O	D	Risk Priority Number (S*O*D)		S	O	D	
					<ul style="list-style-type: none"> Approved shade card is available at vendor site Also for cross verification shade card is available at our site. 	Packing material Receiving procedure.									

Remarks (if any):

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:	Vendor Evaluation
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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):

Verified By
QA
Sign & Date

Approved By
Head QA
Sign & Date