



PHARMA DEVILS
QUALITY ASSURANCE DEPARTMENT

Document Name: Performance Qualification Appendix 3.2.1 for Lyophilizer

Equipment/ System ID:

Document Number:

Effective Date:

Version Number: 00

Appendix 3.2.1

Cleaning In Place

Equipment Name : Lyophilizer

Equipment ID :

Contents

Date	Cycle No.
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PLC Set Parameter

Parameter	Value
CIP product chamber	11 min
CIP condenser chamber	2 min
Drain Time	20 min
No of cycles of purified water	2
No of cycles of WFI	1
WFI selection	Yes

Observation:

Run No.	Fluorescence		Pass/Fail
	Before Washing	After Washing	

Checked By (Sign. /Date)	Verified By (Sign. /Date)