



PHARMA DEVILS
QUALITY ASSURANCE DEPARTMENT

Document Name: Performance Qualification Appendix 3.7.1 for Lyophilizer

Equipment/ System ID:

Document Number:

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Trial Run #: _____

Appendix 3.7.1

Condenser Defrosting Cycle

Equipment Name : Lyophilizer

Equipment ID :

Contents

1) PLC Set & Observed Parameter:

Parameter	Value
Defrost set point	90°C
Extra Time	5 min
Drying Time	20 min

Observations:

S.No.	Test	Test Results	Pass/ Fail
01	Defrosting Test	Defrost set point _____°C. Extra Time: _____Min. Drying Time: _____Min.	

Remarks:

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