



PHARMA DEVILS
QUALITY ASSURANCE DEPARTMENT

Document Name: Performance Qualification Test Data sheet # 2.1 for Lyophilizer

Equipment/ System ID:

Document Number:

Effective Date:-

Version Number: 00

Test ID #2.1: Availability of OQ report

Test Run: _____

Target: Check availability of OQ report

Necessary materials: None

Preconditions: None

Test ID **Test Description**

1 Check if OQ report is approved. Record date of approval in the “Comments” section of this test sheet.

Test ID	Acceptance criteria:	Acceptance criteria fulfilled? (Y/N)
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1	OQ report is available and approved. Date of approval is recorded in the “Comments” section.	
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Measures after test execution: Continued OQ testing is only allowed if acceptance criterion is fulfilled.

Comment Ref. No	Comment	Deviation Ref No
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Checked by (Signature/ date)		Verified by (Signature/ date)	
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