

File Name

PHARMA DEVILS QUALITY ASSURANCE DEPARTMENT

Installation and Operational Qualification Test Datasheet # 01 for Infrared Ray Dryer

Identification No.:	Document Number:
Effective Date:	Revision No.: 00

Identification of Signatures / Participants

In the list below all persons having participated in the execution of this IOQ and having signed on any of the tests are identified with their full name, their company / department / function and their full signature respectively initials.

With this signature the test participant confirms awareness of the procedures to be followed in qualification tests and completion of associated documentation.

Name	Company / Department / Function	Full Signature	Initials	Training Record

Page No.

Page 1 of 1