

PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

Pharma Devila				
Installation and Operational Qualification Test Datasheet # 02 for Infrared Ray Dryer				
Identification No.:		Document Number:		
Effective Date:		Revision No.: 00		
Test ID #2: Docume	nt Verification			
Target:	Required documents are available			
Necessary materials:	None			
Preconditions:	None			
Test ID	Test Description			
1	Check if SOPs are available at least as draft version. Record the title, document number, version and date in the "Comments" section of this test sheet or add a copy of the cover page to this test sheet.			
2	Check if calibration certificates for GMP-critical instrument/sensor are available. Add a copy to this test sheet.			
Test ID	Acceptance criteria:			Acceptance criteria fulfilled? (Y/N)
1	SOP for "Operation" is available at least as draft. Title, document number, version and date are noted in the "Comments" section or a copy of the cover page is added to this test sheet.			
1	SOP for "Cleaning" is available at least as draft. Title, document number, version and date are noted in the "Comments" section or a copy of the cover page is added to this test sheet.			
1	SOP for "preventive maintenance" is available at least as draft. Title, document number, version and date are noted in the "Comments" section or a copy of the cover page is added to this test sheet.			
Measures after test execution:	NA			
Comment Ref. No.	Comment		Deviation Ref. No.	
Checked by (Signature/ date)			Verified by Signature/ date)	
File Name		Page No.	Page 1 of 1	