

## PHARMA DEVILS

| Pharma Devila                                                                         |                  |           | QUALITY ASSUR      | ANCE DEPARTMEN                 | MT                                              |                                |            |                     |
|---------------------------------------------------------------------------------------|------------------|-----------|--------------------|--------------------------------|-------------------------------------------------|--------------------------------|------------|---------------------|
|                                                                                       | llation and      | Operation | al Qualification T | Test Datasho                   | eet #03                                         | 3.11 for Infrar                | ed Ray Dry | er                  |
| Identification 1                                                                      | Document Number: |           |                    |                                |                                                 |                                |            |                     |
| Effective Dates                                                                       | Revision No.: 00 |           |                    |                                |                                                 |                                |            |                     |
| Test ID                                                                               | Test Date :      |           |                    |                                |                                                 |                                |            |                     |
| Name of Component : Insulation Material                                               |                  |           |                    | ID Number :                    |                                                 |                                |            |                     |
| Parameter                                                                             | Specifi          | ication   | Actual             |                                | Verification method (Visual/Document reference) |                                |            |                     |
| MOC Ceramic Glass Woo                                                                 |                  |           |                    |                                |                                                 | (                              |            |                     |
| Acceptance Criteria                                                                   |                  |           | Compliance         |                                | Document Reference                              |                                |            |                     |
|                                                                                       |                  |           | Yes/ No/ NA        | Document<br>Name/ Type         |                                                 | Document No. &/ or<br>Location |            | Comment<br>Ref. No. |
| Component identified by tagging                                                       |                  |           |                    |                                |                                                 |                                |            |                     |
| Component as s<br>drawing                                                             | shown on P&      | t ID /    |                    |                                |                                                 |                                |            |                     |
| The component specification available                                                 |                  |           |                    |                                |                                                 |                                |            |                     |
| The component comply design specification                                             |                  |           |                    |                                |                                                 |                                |            |                     |
| Contact part made of inert material and conformation document available  Material:    |                  |           |                    |                                |                                                 |                                |            |                     |
| Elastomers used are food grade and conformation document available Material:          |                  |           |                    |                                |                                                 |                                |            |                     |
| Elastomers are replaceable                                                            |                  |           |                    |                                |                                                 |                                |            |                     |
| Component intact (no damage)                                                          |                  |           |                    |                                |                                                 |                                |            |                     |
| Measuring instrument (as applicable) calibrated and calibration certificate available |                  |           |                    |                                |                                                 |                                |            |                     |
| Component is soperation and m                                                         |                  | leaning,  |                    |                                |                                                 |                                |            |                     |
| Checked By (signature / date)                                                         |                  |           |                    | Verified By (signature / date) |                                                 |                                |            |                     |
|                                                                                       |                  |           |                    |                                |                                                 |                                |            |                     |
| File Name                                                                             |                  |           |                    | Page No.                       |                                                 | Page 1 of 1                    |            |                     |