

PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

| Installation and Operational Qualification Test Datasheet #06.02 for Infrared Ray Dryer | | | | |
|---|---|---|------------------------------|--|
| Identifica | ation No.: | Document Number: | | |
| Effective | Date: | Revision No.: 00 | | |
| Test ID #6.2: | Verification of Input and output status | | | Test Run: _ |
| Target: | Successful operation of inputs and outputs | 3 | | |
| Necessary materials: | ◆ List of Inputs and outputs | | | |
| Precondition | Machine is operating in normal operation mode | | | |
| Test ID | Те | Test Description | | |
| 1 | Verify the function of each input and output listed in appendix 6.2.1 All function should match the requirements given in the appendix 6.2.1 Record verification method | | | |
| Test ID | Acceptance of | riteria | | Acceptance criteria fulfilled? (Y/N) |
| 1 | Inputs and outputs should execute the desir | Inputs and outputs should execute the desired functions | | |
| Measures aft test execution | * | | | |
| Comment R No | ef. Comme | nt | | Deviation Ref No |
| Checked by (Signature/ date) | | | rified by ignature/ date) | |
| File Name | | Page No. | Page 1 of 2 | |



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Appendix 6.2.1

| S. No. | Position | Input Name | Comply (Yes/ No) | | |
|---------|----------------|-----------------|------------------|--|--|
| Digital | Digital Inputs | | | | |
| 1. | X 0 | Spare | | | |
| 2. | X 1 | Spare | | | |
| 3. | X 2 | Emergency Press | | | |
| 4. | X 3 | Spare | | | |
| 5. | X 4 | Spare | | | |
| 6. | X 5 | Spare | | | |
| 7. | X 6 | Spare | | | |
| 8. | X 7 | Spare | | | |
| 9. | X 8 | Spare | | | |
| 10. | X 9 | Spare | | | |

Digital output

| S. No. | Position | Output Name | Comply (Yes/ No) |
|--------|----------|-------------|------------------|
| 1. | Y 0 | Heater | |
| 2. | Y1 | Blower | |
| 3. | Y2 | Spare | |
| 4. | Y3 | Buzzer | |
| 5. | Y4 | Spare | |
| 6. | Y5 | Spare | |
| 7. | Y6 | Spare | |
| 8. | Y7 | Spare | |
| 9. | Y8 | Spare | |
| 10. | Y9 | Spare | |

| Checked By (signature / date): | Verified By (signature / date): |
|--------------------------------|---------------------------------|
| | |
| | |

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