

## PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

Install	ation and Operational Qualification Tes	t Datash	eet #0	6.04 for Infrared Ra	y Dryer
Identification No.:		Document Number:			
Effective Date:		Revision No.: 00			
Test ID #6.4: Ver	rification of Power failure				Test Run:
Target:	To check the impact of power failure on a	automate	d syste:	ms.	1
Necessary materials:	NA		•		
<b>Preconditions:</b>	Machine is operating in normal operation mode				
<b>Test ID</b>	Test Description				
1	Print or record the process parameters (in the comments section) prior to simulating power failure.				
2	Simulate a power failure during auto mode of system.				
3	Restart the system.				
4	Verify the configured parameter again. Print or Record the same for verification.				
Test ID	Acceptance criteria				Acceptance criteria fulfilled? (Y/N)
3	Human Intervention should be required for restarting the equipment.				
4	Configured parameters are not altered.				
Measures after test execution:	NA				
Comment Ref.	Comme	Comment			
Checked by (Signature/ date)			Verifi (Signa	ed by ature/ date)	
File Name		Page No.		Page 1 of 1	