

## PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

Pharma Devils	GOVET I VOSCIA	Mac bel Milli- leu I			
Installation and Operational	Qualification	Test Datasheet	# <b>D</b> 04	for Infrared Ray D	ryer
Identification No.:		Document Number:			
<b>Effective Date:</b>		Revision No.: 00			
Write the Name plate details of the equipm other detail as written)	ent (name of e	quipment, vendo	r nam	e and address, serial n	umber and
Enclose a photograph of the equipment as i	installed in the	specified location	n.		
Enclose a photograph of the equipment as i	installed in the	specified location	on.		
		Doc	umen	t Reference	Comment
Enclose a photograph of the equipment as i	Compliance Y/N/NA	Doc	umen 1t	t Reference  Document No. &/or Location	- Comment Ref No.
Acceptance Criteria  The equipment is provided with the	Compliance	Documen	umen	Document No.	
Acceptance Criteria  The equipment is provided with the identification tag.  Equipment installation location matches	Compliance	Documen	umen	Document No.	
Acceptance Criteria  The equipment is provided with the identification tag.  Equipment installation location matches the description of Section 3 of protocol	Compliance	Documen	umen	Document No.	
Acceptance Criteria  The equipment is provided with the identification tag.  Equipment installation location matches the description of Section 3 of protocol and equipment layout.  The equipment is supplied with -	Compliance	Documen	umen	Document No.	
Acceptance Criteria  The equipment is provided with the identification tag.  Equipment installation location matches the description of Section 3 of protocol and equipment layout.  The equipment is supplied with -  • Electricity as per Specification: Three	Compliance	Documen	umen	Document No.	
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Acceptance Criteria  The equipment is provided with the identification tag.  Equipment installation location matches the description of Section 3 of protocol and equipment layout.  The equipment is supplied with -  • Electricity as per Specification: Three Phase, 440V±5% V, 50 Hz	Compliance	Documen	umen	Document No.	
Acceptance Criteria  The equipment is provided with the identification tag.  Equipment installation location matches the description of Section 3 of protocol and equipment layout.  The equipment is supplied with -  • Electricity as per Specification: Three Phase, 440V±5% V, 50 Hz  • Compressed Air- 6Kg/cm²  Equipment is earthed  The equipment is installed with proper	Compliance	Documen	umen	Document No.	
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