

System Name: QC Documentation System ID:

# OPERATIONAL QUALIFICATION FOR COMPUTER SYSTEM OF

**QC DOCUMENTATION** 

| System Name    | QC DOCUMENTATION |
|----------------|------------------|
| System ID      |                  |
| Location       | Instrument Lab   |
| Effective Date |                  |

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QUALITY ASSURANCE DEPARTMENT

### OPERATIONAL QUALIFICATION FOR COMPUTER SYSTEM

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|               | OPERATIONAL Q               | UALIFICATION FOR  | COMPUTER SYSTEM                             |
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| System Name:  | QC Documentation            |                   | System ID:                                  |
| 1. PRE AP     |                             | (h                | This continued is                           |
| •             |                             |                   | operational qualification. This approval is |
| joint respons | ibility of listed functiona | l areas.          |   |
|               |                             |                   |   |
|               | DOCUMENT DEVE               | LOPMENT           | SIGN / DATE                                 |
| Name          | :                           | _                 |   |
| Designation   | •                           | _                 |   |
|               |                             |                   |   |
|               |                             |                   |   |
|               | DOCUMENT REV                | VIEW AND APPROVAL | L ( <b>M</b> ΄/S)                           |
| Sign / Date   | <b>:</b>                    | _                 |   |
| Name          | •                           | _                 |   |
| Designation   | <b>:</b>                    | _                 |   |
|               | Engineering                 |                   |   |
| Sign / Date   | <b>:</b>                    | _                 |   |
| Name          | :                           | _                 |   |
| Designation   | •                           |                   |   |
| S             | IT                          |                   |   |
| Sign / Date   | <b>:</b>                    | _                 |   |
| Name          | •                           | _                 |   |
| Designation   | <b>:</b>                    | _                 |   |
|               | Quality Control             |                   |   |
|               | DOCUMENT                    | AUTHORIZATION (M  | I/S)  |
| Sign / Date   | :                           | •                 | ,   |
| Name          | •                           | _                 |   |
|               | •                           | _                 |   |
| Designation   | Cuality Assurance           | _                 |   |
|               | <b>Quality Assurance</b>    |                   |   |
|               |                             |                   |   |

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|---|-------------|---------------------|---------|------|
| System Name: QC Documenta   |             | Syste               | em ID:  |      |
| <ul><li>2. SIGNATURE OF EXECUTOR:</li><li>All the executer involved in this document have to sign within prescribed format given below.</li><li>M/s</li></ul> |             |                     |         |      |
| Name  | Designation | Signature           | Initial | Date |
| M/s   |             |                     |         |      |
| Name  | Designation | Signature           | Initial | Date |
|   |             |                     |         |      |
|   |             |                     |         |      |
| 3. REVISION HISTORY:  |             |                     |         |      |
| Date  | Supersedes  | Reason for Revision |         |      |
|   |             |                     |         |      |
|   |             |                     |         |      |

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#### 4. OBJECTIVE:

The objective of the system requirement specification defines the requirements of hardware software, functions and documentation for the Computer System (QC\_DOC) installed at M/s. ............ This document will be cross-referenced with the relevant system specification to ensure that the system specifications have been met according to M/s. ...... requirements.

#### 5. SCOPE:

This document is applicable to validation of Hardware and Software of computer system installed at M/s. ............ Quality control department. This system requirement specification shall define the documentation, references and acceptance criteria to establish that the validation of Hardware and Software of Computer system after modification is installed in accordance with the guidelines laid down by the manufacturer of the system.

#### 6. SYSTEM DESCRIPTION:

Computer system of QC\_DOC defines to the system is use to calculating analytical data and protect with protected sheet by MS EXCEL. This system is also use to Mailing for document per pass, ERP (Enterprise resource planning) for management information system integrates areas. Control panel and other external device disable for this system to protect data and piracy and Data store within the system.

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#### 7. ROLE AND RESPONSIBILITY:

The validation team comprising of representative from each of the following departments should be responsible for overall compliance with this validation plan.

| Department       | Responsibilities   |  |
|------------------|--|--|
|                  | > To collect the necessary data for operational qualification activities.      |  |
|                  | > To prepare and execute the operational qualification in coordination with    |  |
| Validation       | engineering, validation and quality assurance team.                            |  |
| <b>Agency</b> () | Comply with regulatory / Guidelines / Standards / validation plan requirements |  |
| (••••••          | throughout the validation life cycle.  |  |
|                  | > To submit operational qualification for approval.                            |  |
| Engineering      | > To provide the necessary data for operational qualification activities.      |  |
| (M/s)            | > To review the operational qualification.                                     |  |
| IT               | > To provide the necessary data for operational qualification activities.      |  |
| (M/s)            | > To review the operational qualification.                                     |  |
| Quality Control  | > To provide the necessary data for operational qualification activities.      |  |
| (M/s)            | > To review the operational qualification.                                     |  |
| Quality          |  |  |
| Assurance        | To approve and authorized the operational qualification.                       |  |
| (M/s)            |  |  |

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#### 8. REFERENCES:

The publication listed below form part of this reference documents. Each publication shall have latest revision in effect on the date of this document is approved for execution.

|                             | Good Automated Manufacturing Practices, Version 5, Guideline     |
|-----------------------------|--|
| GAMP 5                      | Document for Automated Systems from International Society of     |
|                             | Pharmaceutical Engineering                                       |
| 21 Code of Federal          | Current Good Manufacturing Practice in Manufacturing,            |
| Regulations (CFR), Part 210 | Processing, Packing, or Holding off Drugs; General               |
| 21 Code of Federal          | Current Good Manufacturing Practice for finished Pharmaceuticals |
| Regulations (CFR), Part 211 | Current Good Mandiacturing Practice for finished Pharmaceuticals |
| 21 Code of Federal          | 21 Code of Federal Regulations (CFR), Part 11                    |
|                             | Electronic Records, Electronic Signatures, Final Rule Electronic |
| Regulations (CFR), Part 11  | Submissions; Establishment of Public Docket, Notice              |
| ICH Q9                      | International Conference of Harmonization (ICH) quality risk     |
| ich Q)                      | assessment Q9  |
| EU GMP                      | Laying down the principles and guidelines of GMP in respect of   |
| EU GWII                     | medicinal products for human use.                                |
| WHO                         | Appendix 5, validation of computerized systems.                  |

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#### 9. DOCUMENTATION PROCEDURE:

- Qualification activities will be performed as defined in the approved document.
- All documentation will be completed during the execution of the qualification.
- Recording of information will be made in permanent ink.
- Fill out complete information in the verification table provided.
- Do not keep any space blank. Mark blank space with a single line throughout the appropriate space with mentioning NA (Not Applicable) and put initial and date.
- Correct the mistakes by drawing a single line through the incorrect data, recording the correct information and then initial sign and date the change.

#### 10. QUALIFICATION COMPLETION AND APPROVAL:

- Verify that all tests required by qualification are completed and attached.
- Verify that all amendments and discrepancies are documented, approved and attached.
- If all items in the qualification for the Computer System Based system (QC\_DOC) have been reviewed and found to be acceptable, sign the corresponding block in the qualification completion and approval form.

#### 11. ACCEPTANCE CRITERIA:

- Installation completion as per manufacturer's recommendations & cGMP requirements.
- Installation of major components as per the design specifications.
- The supply of all necessary documentation from manufacturer.
- The system is operating as intended and is under state of control.
- Operational features meet system requirements and system specifications.

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#### 12. OPERATIONAL VERIFICATION TEST:

#### 12.1 Verification of Windows Security

Objective : To verify the windows security as defined.

Tools Required : Not Applicable

Procedure : 1. Check all the test given in verification table.

2. Record the result in verification table.

Acceptance

: All the test result shall match with expected result.

Criteria

#### **Verification Table:**

| Description                | Specified             | Actual result<br>(Yes/No) | Discrepancy? (Y/N) |
|----------------------------|-----------------------|---------------------------|--------------------|
| Login to PC with blank     | Access Denied &Error  |                           |                    |
| password.                  | message displayed.    |                           |                    |
| Login to PC with incorrect | Access Denied & Error |                           |                    |
| password.                  | message displayed.    |                           |                    |
| Login to PC with correct   | Aggass granted        |                           |                    |
| password.                  | Access granted.       |                           |                    |

| ks:                            |         |      |                            |
|--------------------------------|---------|------|----------------------------|
| Meet the acceptance Criteria [ | ] Yes [ | ] No | Reference Attachment No. [ |
| Checked by :                   |         |      | Date:                      |
| Verified by :                  |         |      | Date:                      |

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#### 12.2 Verification of System Start-up & Shutdown:

Objective : To verify the system healthiness through start up and shutdown procedure.

Tools Required : Not Applicable

Procedure : 1. Switch ON system power supply.

2. Startup time should be minimum and during this time PC cannot

generate any error message.

3. System safe shutdown with application.

Acceptance Criteria 1. System start and shutdown should as per procedure defined in test data

table.

2. Application software without any error.

#### **Verification Table for Startup and Shut down Process:**

| Description               | Procedure  | <b>Expected Result</b>  | Actual Result<br>(Yes/No) | Discrepancy? (Y/N) |
|---------------------------|--|---|---------------------------|--------------------|
| To Start Up The<br>System | Turn On the Power<br>Supply of System                      | System should be turn on no error message displaye on screen. |                           |                    |
| Login To System           | Click On<br>Application<br>Software To Run<br>The Software | Application software run automatically without any error.     |                           |                    |
| To Shut Down the System   | Exit From The<br>Software & Click<br>On Shut Down          | Shut down the PC.   |                           |                    |

| To Shut Down the System | Exit From The<br>Software & Click<br>On Shut Down | Shut down the PC. |                          |
|-------------------------|---|-------------------|--------------------------|
| Remarks:                |   |                   |                          |
|                         |   |                   |                          |
| Meet the ac             | ceptance Criteria [                               | ] Yes [ ] No      | Refer Attachment No. [ ] |
| Checked by              | :   |                   | Date :                   |
| Verified by             | :   |                   | Date:                    |
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#### 12.3 Verification of System Response Failure:

Objective : To verify the system response failure as defined.

Tools Required : Not Applicable

Procedure : 1. Operate the system in run mode.

2. If any hardware of Computer system goes to fail.

3. Record the result in verification table.

Acceptance

Criteria

: All the test result shall match with expected result.

#### **Verification Table:**

| Description   | Specified  | Observation<br>(Yes/No) | Discrepancy? (Y/N) |
|---|--|-------------------------|--------------------|
| CPU Failure   | CPU should be off and monitor cannot be response.  |                         |                    |
| Monitor Failure   | Monitor should be off and CPU Should be On.        |                         |                    |
| UPS Failure  UPS should be off and CPU and Monitor cannot response. |  |                         |                    |
| Communication Cable Failure Between CPU And Monitor                 | Monitor should not be response.                    |                         |                    |
| Communication Failure Between CPU And Monitor                       | Monitor should not be response.                    |                         |                    |
| Communication Failure With Local Area Network                       | Printing should be stop.                           |                         |                    |
| Power Failure   | UPS supply connected with System to safe shutdown. |                         |                    |

| ks:                            |         |      |       |
|--------------------------------|---------|------|-------|
| Meet the acceptance Criteria [ | ] Yes [ | ] No |       |
| Checked by :                   |         |      | Date: |
| Verified by :                  |         |      | Date: |

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| System Name: QC Documentation | System ID: |
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#### 12.4 Verification of Electronic Data Security:

Objective : To verify the electronic data security as defined.

Tools Required : Not Applicable

Procedure : 1. Check all the test given in verification table.

2. Record the result in verification table.

Acceptance

Criteria

: All the test result shall match with expected result.

#### **Verification Table:**

| Description                               | Specified  | Observation<br>(Yes/No) | Discrepancy? (Y/N) |
|---|--|-------------------------|--------------------|
| Electronic record storage                 | All the electronic should be store in a correct manner and specified location. |                         |                    |
| Electronic data storage path accessbility | Only authorised user shall be access the electronic storage data.              |                         |                    |

| ks:                            |         |      |       |
|--------------------------------|---------|------|-------|
| Meet the acceptance Criteria [ | ] Yes [ | ] No |       |
| Checked by :                   |         |      | Date: |
| Verified by :                  |         |      | Date: |

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| System Name: QC Documentation | System ID: |
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#### 12.5 Verification of User Prevented From Alternating Date and Time:

Objective : To verify the verification of user prevented from alternating date and time as

defined.

Tools Required : Not Applicable

Procedure : 1. Check all the test given in verification table.

2. Record the result in verification table.

Acceptance

: User cannot change or alter the date and time of system.

**Verification Table:** 

Criteria

| User          | Description                         | Observation | Discrepancy? (Y/N) |
|---------------|-------------------------------------|-------------|--------------------|
| Administrator | User access/ not access date & time |             |                    |
| Repoter       | User access/ not access date & time |             |                    |

| Rema | rks:  |      |                                  |
|------|---|------|----------------------------------|
|      |   | 127  |                                  |
|      | Meet the acceptance Criteria [ Checked by : | ] No | Reference Attachment No. [ Date: |
|      | Verified by :                               |      | Date:                            |

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| System Name: QC Documentation | System ID: |
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|-------------------------------|------------|

#### 12.6 Verification of Data Back Up:

Objective : To verify the data backup as defined.

Tools required : Not Applicable

Procedure : 1. Check all the test given in verification table.

2. Record the result in verification table.

Acceptance

Criteria

: All the test result should match with expected result.

#### **Verification Table:**

| S.No. | Test   | Expected Result  | Actual Results<br>(Yes/No) | Discrepancy?<br>Y/N |
|-------|--|--|----------------------------|---------------------|
| 1.    | Go to the following folder. "D:\Backup   | Data size, folder name should be noted.                                  |                            |                     |
| 2.    | Copy the same folder & paste in external storage device. Note the data size, files & folders.  | Folder should be copied successfully & noted the data size, folder name. |                            |                     |
| 3.    | Compare the data size, files & folders of the same folder before & after data backup activity. | Data size, folder name of data should be matched.                        |                            |                     |

| Rema | arks:                        |           |      |                              |
|------|------------------------------|-----------|------|------------------------------|
|      | Meet the acceptance Criteria | [ ] Yes [ | ] No | Reference Attachment No. [ ] |
|      | Checked by :                 |           |      | Date:                        |
|      | Verified by :                |           |      | Date:                        |

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#### 12.7 Verification of Excel Sheet:

Objective : To verify the Excel Sheet as defined.

Tools required : Not Applicable

Procedure : 1. Check All the test given in verification table.

2. Record the result in verification table.

Acceptance

Criteria

: All the test result should match with expected result.

#### **Verification Table:**

| S.No. | Test Parameter   | T ( 1 D )  | Actual Results | Discrepancy? |
|-------|--|--|----------------|--------------|
|       | Test I arameter  | <b>Expected Results</b>  | Actual Results | Y/N          |
| 1.    | Each Worksheet<br>shall be Product and<br>Test Specific  | Works sheet should<br>be Product and Test<br>Specific                  |                |              |
| 2.    | Work sheet No.   | Record Work sheet<br>No.   |                |              |
| 3.    | Path of sheet  | Record Path of sheet   |                |              |
| 4.    | Validated Excel<br>Sheet to be stored on<br>a separated folder   | Excel Sheet to be available on a separate folder                       |                |              |
| 5.    | Workbook Protection: The excel workbook should be operational by the authorized personal with right password. On supplying wrong password system should display warning message of incorrect password supplied | After Login The<br>System. The System<br>Allows Opening Of<br>Workbook |                |              |

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| S.No. | Test Parameter   | <b>Expected Results</b>   | Actual Results                                | Discrepancy? Y/N |
|-------|--|---|---|------------------|
| 6.    | Changes or Modification in the protected cells, Attempt to change formula or test in the protected cells | System disallows change in protected cells  |   |                  |
| 7.    | Additional or deletion of the any row/column in the worksheet impacting on the operation of the formula  | System disallows<br>additional / deletion<br>of any row or column                     |   |                  |
| 8.    | Calculations   | Difference between values obtained from excel sheet and calculator should not differ. | Result By calculator:  Result by excel sheet: |                  |

| Rema | arks:                          |         |      |                              |
|------|--------------------------------|---------|------|------------------------------|
|      | Meet the acceptance Criteria [ | ] Yes [ | ] No | Reference Attachment No. [ ] |
|      | Checked by :                   |         |      | Date :                       |
|      | Verified by :                  |         |      | Date :                       |

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|---------------------|------------------|------------|

#### 13. OPERATIONAL QUALIFICATION TEST STATUS:

The operational qualification test status is as per below mentioned table.

| Test Description  | Status<br>(Pass / Fail) | Discrepancy? (Y/N) |
|---|-------------------------|--------------------|
| Verification of Windows Security                              |                         |                    |
| Verification of System Start-up & Shutdown                    |                         |                    |
| Verification of System Response Failure.                      |                         |                    |
| Verification of Electronic Data Security                      |                         |                    |
| Verification of User Prevented From Alternating Date and Time |                         |                    |
| Verification of Data Back Up                                  |                         |                    |
| Verification of Excel Sheet                                   |                         |                    |

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#### 14. DISCREPANCIES HANDLING DURING COMPUTER QUALIFICATION:

- In case of discrepancy observed during qualification, document in the defined column in each table and document the details of the observation in the discrepancy log sheet.
- Inform to engineering IT quality control and quality assurance about discrepancy.
- Investigate the discrepancy and ensure the possible impact.
- If discrepancy does not have potential to impact on operation as well as performance of the system, close the discrepancy with proper justification.
- The engineering IT QC and QA will decide whether discrepancy is acceptable or not.
- If discrepancy is acceptable, provide conclusion and recommendation if any into respective column.

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|---------------------|----------------------|----------------------------|--------------|
| 15. DISCREPANC      | CY AND CORREC        | TIVE ACTION FORM           | I:           |
| Protocol Reference  | e                    |                            |              |
| Discrepancy Numb    | ber                  |                            |              |
| DISCREPANCY:        |                      |                            |              |
| Describe the Discr  | repancy              |                            |              |
|                     |                      |                            |              |
|                     |                      |                            |              |
| Reported by         |                      |                            | Date         |
| CORRECTIVE A        | CTION:               |                            |              |
| Describe corrective | e action taken (Atta | ch additional sheets if ne | cessary)     |
|                     |                      |                            |              |
|                     |                      |                            |              |
|                     |                      |                            |              |
| Reported by         |                      |                            | Date         |
| DISPOSITION AC      | CTION:               |                            |              |
| Acceptable?         | Yes                  | No                         |              |
| Discussion          |                      |                            |              |
|                     |                      |                            |              |
|                     |                      |                            |              |
|                     |                      |                            |              |
| Approved by         |                      |                            | Date         |
| COMPLETION:         |                      |                            |              |
| Completed by        |                      |                            | Date         |
|                     |                      |                            |              |
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#### **16. ABBREVIATION:**

| Abbreviations | Description                               |
|---------------|---|
| GMP           | Good Manufacturing Practices              |
| CS            | Computer System                           |
| WHO           | World Health Organization                 |
| SRS           | System Requirement and Specification      |
| IQ            | Installation Qualification                |
| OQ            | Operation Qualification                   |
| QA            | Quality Assurance                         |
| SOP           | Standard Operating Procedure              |
| NA            | Not Applicable                            |
| ICH           | International Conference of Harmonization |
| mA            | Mili Ampere                               |
| VAC           | Alternate Current Voltage                 |
| VDC           | Direct Current Voltage                    |
| RH            | Relative Humidity                         |

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#### 17 ATTACHMENT SUMMARY.

| 17. ATTACHNIENT | 17. ATTACHMENT SUMMART.               |  |  |
|-----------------|---------------------------------------|--|--|
| Attachment No.  | Description                           |  |  |
|                 |                                       |  |  |
|                 |                                       |  |  |
|                 |                                       |  |  |
|                 |                                       |  |  |
|                 |                                       |  |  |
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|                 |                                       |  |  |
|                 |                                       |  |  |
|                 |                                       |  |  |
|                 |                                       |  |  |
| 18. OPERATIONAL | L QUALIFICATION SUMMARY & CONCLUSION: |  |  |
|                 |                                       |  |  |
|                 |                                       |  |  |
|                 |                                       |  |  |
|                 |                                       |  |  |
|                 |                                       |  |  |
| _               |                                       |  |  |
|                 |                                       |  |  |
|                 |                                       |  |  |
| Compiled by:    |                                       |  |  |
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Sign / Date

Designation : \_\_\_\_\_

**Quality control** 

Name

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|-------------------------------|---|--|
| 19. POST A                    | PPROVALS:   |  |
| The signatur                  | re listed below indicates the post approval of this op- | perational qualification. This approval is |
| joint respons                 | sibility of listed functional areas.                    |  |
|                               | DOCUMENT DEVELOPMENT                                    | SIGN / DATE                                |
| Name                          | <u>:</u>  |  |
| Designation                   | <b>:</b>  |  |
|                               | DOCUMENT REVIEW AND APPROVAL                            | L (M/S)                                    |
| Sign / Date                   | :   |  |
| Name                          | :   |  |
| Designation                   | :   |  |
|                               | Engineering   |  |
| Sign / Date                   | ;   |  |
| Name                          | ;   |  |
| Designation                   | <b>:</b>  |  |
|                               | IT  |  |

| DOCUMENT AUTHORIZATION (M/S) |                   |  |
|------------------------------|-------------------|--|
| Sign / Date                  | :                 |  |
| Name                         | <b>:</b>          |  |
| Designation                  | <b>:</b>          |  |
|                              | Quality Assurance |  |

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