



OPERATION QUALIFICATION PROTOCOL FOR DISPENSING BOOTH

CUSTOMER:

EQUIPMENT: DISPENSING BOOTH

(_____ W x _____ D x _____ H mm)

SUBMITTED BY:

PHARMA ENGINEERS

PLOT NO. 113/A/1, LANE 8, PHASE II,
IDA CHERLAPALLI, HYDERABAD- 500051.

Tel No.91-40 27261113, 27261114

OPERATION QUALIFICATION PROTOCOL APPROVAL

EQUIPMENT : DISPENSING BOOTH

PLANT /PROJECT :

CLIENT : *PT. AMAROX PHARMA GLOBAL, INDONESIA*

Hence this document before being effective shall be approved by *PT. AMAROX PHARMA GLOBAL, INDONESIA*

M/s. PHARMA ENGINEERS:

	Name	Designation	Signature	Date
Prepared By				
Reviewed By				

PT. AMAROX PHARMA GLOBAL:

	Name	Designation	Signature	Date
Reviewed By				
Approved By				

Client:

Supplier/ Manufacturer: **PHARMA ENGINEERS, HYDERABAD**

Equipment: **DISPENSING BOOTH** (_____ W x _____ D x _____ H mm)

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OPERATION QUALIFICATION (OQ)

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PHARMA ENGINEERS®
HYDERABAD
MASTER DOCUMENT

Client:

Supplier/ Manufacturer: **PHARMA ENGINEERS, HYDERABAD**

Equipment: **DISPENSING BOOTH** (_____ W x _____ D x _____ H mm)

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OPERATION QUALIFICATION (OQ)

1. OBJECTIVE

The objective of this document is to qualify and certify the functionality of Dispensing Booth (Tag No _____) with due considerations as specified in DQ of Dispensing Booth.

2. TEST OF ALARMS AND INTERLOCKS

S NO	ITEM	TEST METHOD	ACCEPTANCE CRITERIA	RESULT (YES/NO)
1.	ON/OFF Operation of equipment	Manually Switch ON / OFF	Blower will ON/OFF as per switch operation	
2.	CFL Light Operation	Manually Switch ON / OFF	CFL ON/OFF as per switch operation.	
3.	IP across Pre-Filter	Physical Verification	The Range shall be 1 to 6 mm	
4.	IP across Fine Filter	Physical Verification	The Range shall be 5 to 15 mm	
5.	I.P across HEPA Filter	Physical Verification	The Range shall be 10 to 15 mm	
6.	Blower Trip	Manually manipulate the relay and observe the functionality	If anyone blower trip, both the blowers stop with beep alarm	

REMARKS (IF ANY):

Test conducted By

Test Witnessed By