| OOS Invest             | tingation   | Report No. :   | OOS000001                                      |                        |                                | Date of OOS    | occurrenc | e : | 25-Sep-2017 |
|------------------------|---|--|--|------------------------|--------------------------------|----------------|-----------|-----|-------------|
| A] 008 RE              | PORTIN  | G (Tobe complete   | edbyorigina/ anal                              | yst)                   |                                |                |           |     |             |
| Product Na             | me :  | DEVELOPER MILK 20  | VOL / 6%                                       |                        |                                |                |           |     |             |
| Test Name              | est Name : H2O2 CONTENT-CID-016-00, N/10 KMNO4(ML/G) Batch No. : B512345  |  |  |                        |                                |                |           |     |             |
| Summary o              | of 008 Tes  | st Results (state res  | sult and specification                         | 1)                     |                                |                | •         |     |             |
| kkkkkkkkk<br>sssssssss | kkkkkkkkk<br>sssssssss  |  | gkljsdklfgjsdklfjsdklfjk<br>kkkkkkkkkkkkkkkkkk |                        |                                |                |           |     |             |
| Analyst Na             | me :  | KAIREE   |  |                        | Signature & C                  | Date :         |           |     |             |
| B] LABOR               | ATORY 1   | NVESTIGATION   |  |                        |                                | •              |           |     |             |
| Sr. No.                |   | Cross verification with reference sample (Previous approved FG batch): Not applicable for riscosity/density test |  |                        |                                |                |           |     |             |
| 1.1                    | Referer   | nce sample batch No: (Take about 1 month old batch wherever possible).   |  |                        |                                |                |           |     |             |
| 1.2                    | Initial r   | esults of Reference  | sample:  |                        |                                |                |           | 23  |             |
| 1.3                    | Results   | esults of reference sample after retesting in duplicate: (Repeatability NMT 3 %)                                 |  |                        |                                |                |           |     |             |
|                        |   |  |  |                        | Formula<br>(Max-Min) X 100/Min |                |           |     |             |
| 1.4                    | Differe   | nce between initial  | and re-analysis resu                           | l<br>ults of reference | ce sample (Repr                | oducibility NN | ИТ 5%)    |     |             |
|                        | Initial Results re-analysis results Reproducibility Formula (Max-Min) X 100/Min   |  |  |                        |                                |                |           |     |             |
| 1.5                    | Conclusion : gfjgfjfgj  |  |  |                        |                                |                |           |     |             |
|                        | Guiding rules:  If reference sample re analysis result does not confirm initial results: Lab error confirmed. Identify the lab error. |  |  |                        |                                |                |           |     |             |
|                        | If reference sample re analysis result confirm initial results: Proceed for resampling and reanalysis.  Yes V No                      |  |  |                        |                                |                |           |     |             |

| Sr No. | Parameters  | Observations              | Comments |
|--------|---|---------------------------|----------|
| 1      | Any Error In Calculation                                      | No                        |          |
| 2      | Any abnormality observed during testing                       | NA                        |          |
| 3      | Was the method discussed with analyst                         | No                        |          |
| 4      | Correct analytical method used                                | No                        |          |
| 5      | Analyst was trained to perform the test                       | No                        |          |
| 6      | Correct glassware used for dilutions                          | No                        |          |
| 7      | Glassware was properly cleaned                                | No                        |          |
| 8      | Instruments used are qualified                                | No                        |          |
| 9      | Instruments used within calibration validity period           | Yes                       |          |
|        | Instrument Used & ID  | Calibration               |          |
|        | jk01212   | <b>Due</b><br>25-Sep-2017 |          |
|        | jkk   | 25-Sep-2017               |          |
| 13     | Instrument set up & operation as per standard operating proc  | No                        |          |
| 14     | Correct electrode used  | Yes                       |          |
| 15     | Solution inside electrode is correct                          | Yes                       |          |
| 16     | Blank reading is similar as earlier                           | Yes                       |          |
| 17     | Any unusual trend in autotitrator graph                       | Yes                       |          |
| 18     | Use of appropriate grade of chemicals and reagents within v   | No                        |          |
| 19     | Water used is same as specified in the method                 | No                        |          |
| 20     | Correct normality/ molarity of volumetric solutions used      | No                        |          |
| 21     | Leakage Observed in case of Buchi apparatus /350px,/150p      |                           |          |
| 22     | The buchi apparatus is properly dipped in collecting solution |                           |          |
| 23     | In case of viscometer check viscosity of water using Spindle  |                           |          |
| 24     | Sample and standard preparation is done as per test method    |                           |          |
| 25     | Is any weighing error identified                              |                           |          |

| 26 | Is sample properly shaken/sonicated/ warmed as per the tes  |  |
|----|---|--|
| 27 | Any noticeable error is noticed between standard and sample |  |
|    |   |  |
| 28 | Are the sample and standard stored under same environmen    |  |

### Chromatography

| Sr No. | Parameters  | Observation | Comments |
|--------|---|-------------|----------|
| 1      | Correct column used   |             |          |
| 2      | Any leakage noticed from column   |             |          |
| 3      | Correct instrument parameters are used? Like flow rate injection volume |             |          |
| 4      | Mobile phase preparation is used as per standard method.                |             |          |
| 5      | Systems suitability criteria met during testing                         |             |          |
| 6      | Other Findings  |             |          |
| 7      | Was similar OOS reported for same product                               |             |          |
| 8      | Laboratory error identified? if yes please specify                      |             |          |

Note: Action to be followed (In case lab error identified)

| Sr No. | Description   | Observation | Comments |
|--------|---|-------------|----------|
| 1      | Retesting of same sample by the original analyst in | Yes         |          |
| 2      | Correction in documents                             | No          |          |

| Retest Result-1 | Retest Result-2 | Average of 1 & 2 | Repeatability NMT 1.3 |  |
|-----------------|-----------------|------------------|-----------------------|--|
|                 |                 |                  |                       |  |

Conclusion: QC Analyst Name: Completion Date:

| Re-Sa                    | mpling                          |                 |            |                              |                               |  |
|--------------------------|---------------------------------|-----------------|------------|------------------------------|-------------------------------|--|
| 1                        |                                 | Resampling      | ✓ Yes No   |                              |                               |  |
| 2                        | Result of Retesting             |                 |            |                              |                               |  |
|                          | Test Result-1<br>6.21           |                 |            | ge of 1 & 2<br>6.21          | Repeatability NMT 1.3<br>0.16 |  |
| QC Ar                    | nalyst Name : KAIREE            | •               | Con        | ompletion Date : 25-Sep-2017 |                               |  |
| Concl                    | usion : sffergfergerg           |                 |            |                              |                               |  |
| Simul                    | ation Testing                   |                 |            |                              |                               |  |
| Simul<br>Testin<br>Concl | •                               |                 |            |                              |                               |  |
| 3                        |                                 | If Reason       | Identified |                              |                               |  |
|                          | Retest Result-1                 | Retest Result-2 | Average    | of 1 & 2                     | Repeatability NMT 1.3         |  |
| Head                     | ty Control Final Remark :       |                 |            | OOS Valid/Inv                |                               |  |
|                          | ed for manufacturing<br>tment : | No              | Hea        | nd Quality Control           | : PMORE                       |  |

Completion Date : 25-Sep-2017

| Manufacturing Investigation |       |            |                  |          |  |  |  |
|-----------------------------|-------|------------|------------------|----------|--|--|--|
| Sr No.                      |       | Parameters | Observation      | Comments |  |  |  |
|                             |       |            |                  |          |  |  |  |
| Summary                     |       |            |                  |          |  |  |  |
| Batch File<br>Decision      | e     |            |                  |          |  |  |  |
| UP Mana                     | ger : |            | Process Expert : |          |  |  |  |
| Quality Head :              |       |            | Completion Date  | :        |  |  |  |