


|  | Title  | Protocol Number               |
|---|--|-------------------------------|
|   | <b>Installation/Operational Qualification<br/>for the New Blending Suite in Building 1</b> | <b>IQQQ2020-020<br/>Rev 0</b> |

## **Attachment 9 – Installation Verification: Architectural: Facilities, Room Finishes**

### **Objective:**

The objective of this test is to verify that the configuration and general installation conditions of the New Blending Suite meet all design requirements.

### **Procedure:**

Perform the specified testing in **Attachment 9** and complete all data fields.

### **Acceptance Criteria:**

The configuration and general installation conditions of the New Blending Suite meet all design requirements.

### **Result:**

Have the acceptance criteria been met? (Y/N) \_\_\_\_\_ If Not, Deviation No: \_\_\_\_\_

Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Title****Protocol Number****Installation/Operational Qualification  
for the New Blending Suite in Building 1****IQOQ2020-020  
Rev 0****Attachment 9 –Installation Verification: Architectural: Facilities, Room Finishes (Cont.)**Room No.: T3WC: B26Page 1 of 9

| Installation Checks | Expected Results/<br>Specification  | Met Expected<br>Result?<br>(Yes / Actual / NA) | Performed By/<br>Date |
|---------------------|---|--|-----------------------|
| Room No.            | The room is correctly labelled.   | Yes  | NPR 10/07/2020        |
| Dimensions          | Room dimensions match specifications.   | Yes  | NPR 10/06/2020        |
| Room Space          | The room has the adequate space for the personnel and product flow, equipment installation and maintenance as per applicable drawing. | Yes  | NPR 10/06/2020        |
| Floor               | Floor coating is installed with no visible defect.  | Yes  | NPR 10/06/2020        |
| Drains              | Installed per drawing APS1901 P-1P-1 specifications.  | Yes  | NPR 10/06/2020        |
| Ceiling             | Ceilings installed with no visible defect and match specifications.   | Yes  | NPR 10/06/2020        |
| Room lighting       | Room lightings are properly installed as drawing APS1902 M-1M-1 specifications.   | 8 <sup>①</sup>                                 | NPR 10/06/2020        |
| Walls               | Walls installed with no visible defect and match specifications.  | Yes  | NPR 10/06/2020        |
| Heat Detectors      | Installed per specifications.   | Yes  | NPR 10/06/2020        |
| Fire Alarm Lights   | Installed per specifications  | Yes  | NPR 10/06/2020        |

Comments: ① Drawing APS1902 M-1-M1 was red-lined to show 8 lights. NPR 10/06/2020

~~N/A NPR 10/07/2020~~Performed By: [Signature] Date: 10/07/2020Reviewed By: [Signature] Date: 10/07/2020

**Title****Protocol Number****Installation/Operational Qualification  
for the New Blending Suite in Building 1****IQQQ2020-020  
Rev 0****Attachment 9 –Installation Verification: Architectural: Facilities, Room Finishes (Cont.)**Room No.: T3WC: B26Page 2 of 9

| Installation Checks | Expected Results/<br>Specification   | Met Expected<br>Result?<br>(Yes / Actual / NA) | Performed By/<br>Date |
|---------------------|--|--|-----------------------|
| Doors               | Door is installed per the approved plans with no visible defects (RYTEC Rolling door). | Yes  | APR 10/06/2020        |
|                     | Connecting to corridor "ANTE".   | Yes  | APR 10/06/2020        |
|                     | Door "Push Button"   | Yes  | APR 10/06/2020        |
|                     | Door is installed per the approved plans with no visible defects (single door).        | Yes  | APR 10/06/2020        |
|                     | Connecting to the outside.   | Yes  | APR 10/06/2020        |
| Utilities           | Purified Water, RO / (2 POU)   | Yes  | APR 10/06/2020        |
|                     | Purified Water, HOT / (1 POU)  | Yes  | APR 10/06/2020        |
|                     | City Water   | Yes  | APR 10/06/2020        |
|                     | Compressed Air   | Yes  | APR 10/06/2020        |
|                     | Outlets 120 Volts / (2)  | Yes  | APR 10/06/2020        |
|                     | Outlet High voltage / (1)  | Yes  | APR 10/06/2020        |
|                     | ON/OFF Switch / (2)  | Yes  | APR 10/06/2020        |

Comments:

N/A APR 10/06/2020

Performed By:


Date:

10/06/2020

Reviewed By:

Date:

10/06/2020

|   |  |                       |
|---|--|-----------------------|
|  | Title  | Protocol Number       |
|   | Installation/Operational Qualification<br>for the New Blending Suite in Building 1 | IQQQ2020-020<br>Rev 0 |

**Attachment 9 –Installation Verification: Architectural: Facilities, Room Finishes (Cont.)**

Room No.: T3

WC: B26

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| Installation Checks | Expected Results/ Specification       | Met Expected Result? (Yes / Actual / NA) | Performed By/ Date |
|---------------------|---------------------------------------|--|--------------------|
| AC                  | Supply Air Grilles / (3)              | 3  | APR 10/06/2020     |
|                     | Return Air Grilles / (2)              | 2  | APR 10/06/2020     |
|                     | Temperature Controller / (1)          | 1  | APR 10/06/2020     |
|                     | Temp / RH Indicators / (1)            | 1  | APR 10/06/2020     |
|                     | Differential Pressure Indicator / (1) | 1  | APR 10/06/2020     |
| Safety Devices      | Heat Sensors / (2)                    | 2  | APR 10/06/2020     |
|                     | Safety Shower                         | Yes                                      | APR 10/06/2020     |
|                     | Fire Alarm with Light                 | Yes                                      | APR 10/06/2020     |
|                     | Pull Station                          | Yes                                      | APR 10/06/2020     |
|                     | Exit Sign Light                       | Yes                                      | APR 10/06/2020     |
| Connectivity        | Number of Points                      | 2  | APR 10/06/2020     |
| Room Lights         | Number of Lights (2 x 4)              | 8  | APR 10/06/2020     |
| Floor Drain         | Drain / (1)                           | 1  | APR 10/06/2020     |
| Platform            | Aluminum Platform / (1)               | Yes                                      | APR 10/06/2020     |


Comments:

N/A APR 10/06/2020

Performed By: [Signature] Date: 10/06/2020

Reviewed By: [Signature] Date: 10/06/2020



|   |  |                               |
|---|--|-------------------------------|
|  | <b>Title</b>   | <b>Protocol Number</b>        |
|   | <b>Installation/Operational Qualification<br/>for the New Blending Suite in Building 1</b> | <b>IQQQ2020-020<br/>Rev 0</b> |

**Attachment 9 –Installation Verification: Architectural: Facilities, Room Finishes (Cont.)**

Room No.: \_\_\_\_\_

WC: \_\_\_\_\_

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| <b>Installation Checks</b> | <b>Expected Results/<br/>Specification</b>  | <b>Met Expected Result?<br/>(Yes / Actual / NA)</b> | <b>Performed By/<br/>Date</b> |
|----------------------------|---|---|-------------------------------|
| Room No.                   | The room is correctly labelled.   |   |                               |
| Dimensions                 | Room dimensions match specifications.   |   |                               |
| Room Space                 | The room has the adequate space for the personnel and product flow, equipment installation and maintenance as per applicable drawing. |   |                               |
| Floor                      | Floor coating is installed with no visible defect.  |   |                               |
| Drains                     | Installed per drawing APS1901 P-1P-1 specifications.  |   |                               |
| Ceiling                    | Ceilings installed with no visible defect and match specifications.   |   |                               |
| Room lighting              | Room lightings are properly installed as drawing APS1902 M-1M-1 specifications.   |   |                               |
| Walls                      | Walls installed with no visible defect and match specifications.  |   |                               |
| Heat Detectors             | Installed per specifications.   |   |                               |
| Fire Alarm Lights          | Installed per specifications  |   |                               |

Comments:


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Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

|   |  |                       |
|---|--|-----------------------|
|  | Title  | Protocol Number       |
|   | Installation/Operational Qualification<br>for the New Blending Suite in Building 1 | IQQQ2020-020<br>Rev 0 |

**Attachment 9 –Installation Verification: Architectural: Facilities, Room Finishes (Cont.)**

Room No.: \_\_\_\_\_

WC: \_\_\_\_\_

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| Installation Checks | Expected Results/ Specification  | Met Expected Result?<br>(Yes / Actual / NA) | Performed By/<br>Date |
|---------------------|--|---|-----------------------|
| Doors               | Door is installed per the approved plans with no visible defects (RYTEC Rolling door). |   |                       |
|                     | Connecting to corridor “ANTE”.   |   |                       |
|                     | Door “Push Button”   |   |                       |
|                     | Door is installed per the approved plans with no visible defects (single door).        |   |                       |
|                     | Connecting to the outside.   |   |                       |
| Utilities           | Purified Water, RO / (2 POU)   |   |                       |
|                     | Purified Water, HOT / (1 POU)  |   |                       |
|                     | City Water   |   |                       |
|                     | Compressed Air   |   |                       |
|                     | Outlets 120 Volts / (2)  |   |                       |
|                     | Outlet High voltage / (1)  |   |                       |
|                     | ON/OFF Switch / (2)  |   |                       |

Comments:


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Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

|   |  |                               |
|---|--|-------------------------------|
|  | <b>Title</b>   | <b>Protocol Number</b>        |
|   | <b>Installation/Operational Qualification<br/>for the New Blending Suite in Building 1</b> | <b>IQQQ2020-020<br/>Rev 0</b> |

**Attachment 9 –Installation Verification: Architectural: Facilities, Room Finishes (Cont.)**

Room No.: \_\_\_\_\_

WC: \_\_\_\_\_

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| <b>Installation Checks</b> | <b>Expected Results/<br/>Specification</b> | <b>Met Expected<br/>Result?<br/>(Yes / Actual / NA)</b> | <b>Performed By/<br/>Date</b> |
|----------------------------|--|---|-------------------------------|
| AC                         | Supply Air Grilles / (3)                   |   |                               |
|                            | Return Air Grilles / (2)                   |   |                               |
|                            | Temperature Controller / (1)               |   |                               |
|                            | Temp / RH Indicators / (1)                 |   |                               |
|                            | Differential Pressure Indicator / (1)      |   |                               |
| Safety Devices             | Heat Sensors / (2)                         |   |                               |
|                            | Safety Shower                              |   |                               |
|                            | Fire Alarm with Light                      |   |                               |
|                            | Pull Station                               |   |                               |
|                            | Exit Sign Light                            |   |                               |
| Connectivity               | Number of Points                           |   |                               |
| Room Lights                | Number of Lights (2 x 4)                   |   |                               |
| Floor Drain                | Drain / (1)                                |   |                               |
| Platform                   | Aluminum Platform / (1)                    |   |                               |

Comments:


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Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

|   |  |                              |
|---|--|------------------------------|
|  | <b>Title</b>   | <b>Protocol Number</b>       |
|   | <b>Installation/Operational Qualification<br/>for the New Blending Suite in Building 1</b> | <b>IQQ2020-020<br/>Rev 0</b> |

**Attachment 9 –Installation Verification: Architectural: Facilities, Room Finishes (Cont.)**

Room No.: \_\_\_\_\_

WC: \_\_\_\_\_

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| <b>Installation Checks</b> | <b>Expected Results/<br/>Specification</b>  | <b>Met Expected Result?<br/>(Yes / Actual / NA)</b> | <b>Performed By/<br/>Date</b> |
|----------------------------|---|---|-------------------------------|
| Room No.                   | The room is correctly labelled.   |   |                               |
| Dimensions                 | Room dimensions match specifications.   |   |                               |
| Room Space                 | The room has the adequate space for the personnel and product flow, equipment installation and maintenance as per applicable drawing. |   |                               |
| Floor                      | Floor coating is installed with no visible defect.  |   |                               |
| Drains                     | Installed per drawing APS1901 P-1P-1 specifications.  |   |                               |
| Ceiling                    | Ceilings installed with no visible defect and match specifications.   |   |                               |
| Room lighting              | Room lightings are properly installed as drawing APS1902 M-1M-1 specifications.   |   |                               |
| Walls                      | Walls installed with no visible defect and match specifications.  |   |                               |
| Heat Detectors             | Installed per specifications.   |   |                               |
| Fire Alarm Lights          | Installed per specifications  |   |                               |

Comments:

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Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_



|   |  |                               |
|---|--|-------------------------------|
|  | <b>Title</b>   | <b>Protocol Number</b>        |
|   | <b>Installation/Operational Qualification<br/>for the New Blending Suite in Building 1</b> | <b>IQQQ2020-020<br/>Rev 0</b> |

**Attachment 9 –Installation Verification: Architectural: Facilities, Room Finishes (Cont.)**

Room No.: \_\_\_\_\_

WC: \_\_\_\_\_

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| <b>Installation Checks</b> | <b>Expected Results/<br/>Specification</b>   | <b>Met Expected<br/>Result?<br/>(Yes / Actual / NA)</b> | <b>Performed By/<br/>Date</b> |
|----------------------------|--|---|-------------------------------|
| Doors                      | Door is installed per the approved plans with no visible defects (RYTEC Rolling door). |   |                               |
|                            | Connecting to corridor "ANTE".   |   |                               |
|                            | Door "Push Button"   |   |                               |
|                            | Door is installed per the approved plans with no visible defects (single door).        |   |                               |
|                            | Connecting to the outside.   |   |                               |
| Utilities                  | Purified Water, RO / (2 POU)   |   |                               |
|                            | Purified Water, HOT / (1 POU)  |   |                               |
|                            | City Water   |   |                               |
|                            | Compressed Air   |   |                               |
|                            | Outlets 120 Volts / (2)  |   |                               |
|                            | Outlet High voltage / (1)  |   |                               |
|                            | ON/OFF Switch / (2)  |   |                               |

Comments:


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Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

|   |  |                      |
|---|--|----------------------|
|  | Title  | Protocol Number      |
|   | Installation/Operational Qualification<br>for the New Blending Suite in Building 1 | IQQ2020-020<br>Rev 0 |

**Attachment 9 –Installation Verification: Architectural: Facilities, Room Finishes (Cont.)**

Room No.: \_\_\_\_\_

WC: \_\_\_\_\_

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| Installation Checks | Expected Results/<br>Specification    | Met Expected<br>Result?<br>(Yes / Actual / NA) | Performed By/<br>Date |
|---------------------|---------------------------------------|--|-----------------------|
| AC                  | Supply Air Grilles / (3)              |  |                       |
|                     | Return Air Grilles / (2)              |  |                       |
|                     | Temperature Controller / (1)          |  |                       |
|                     | Temp / RH Indicators / (1)            |  |                       |
|                     | Differential Pressure Indicator / (1) |  |                       |
| Safety Devices      | Heat Sensors / (2)                    |  |                       |
|                     | Safety Shower                         |  |                       |
|                     | Fire Alarm with Light                 |  |                       |
|                     | Pull Station                          |  |                       |
|                     | Exit Sign Light                       |  |                       |
| Connectivity        | Number of Points                      |  |                       |
| Room Lights         | Number of Lights (2 x 4)              |  |                       |
| Floor Drain         | Drain / (1)                           |  |                       |
| Platform            | Aluminum Platform / (1)               |  |                       |

Comments:

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Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_