

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

Attachment 15 – Spare Parts Verification

Objective:

The objective of this section is to verify that a manufacturer's recommended spare parts list is available for each relevant New Blending Suite component/equipment sub-system, and critical spare parts are identified for all equipment.

Procedure:

1. Collect spare parts list(s) for applicable New Blending Suite component/equipment sub-systems (include each document in **Attachment 6** Supplemental Documentation Log).
2. Verify that the spare parts lists include identification of the critical spares that are required for all major equipment.

Acceptance Criteria:

A manufacturer's recommended spare parts list is available for each relevant New Blending Suite component/equipment sub-system and critical spare parts are identified for all equipment.

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 15 – Spare Parts Verification (Cont.)**

Component/Equipment Description & ID	Spare Parts List Attached?	Critical Spare Parts Identified?	Acceptable?	Performed By/ Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments:

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____