

## IMMACULE LIFESCIENCES PVT. LTD.

### INSTALLATION QUALIFICATION REPORT FOR MATERIAL TRACKING SYSTEM

System Name	Material Tracking System	System ID No.	WH-MTS-01
Report Number		Area	Warehouse
Ref. Protocol Number		Page No.	Page 1 of 5

### REPORT FOR

### INSTALLATION QUALIFICATION OF

### MATERIAL TRACKING SYSTEM

Name of the system	Material Tracking System
Name of the department	Warehouse, QC, Production
Location of installation	Warehouse, QC, Production
Number of pages	5



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**2.0 OBJECTIVE:**

The objective of the IQ report is to document the operation qualification requirements to provide assurance that:

- i. To ensure that the Barcode Application System components are Install according to the specifications.
- ii. To establish documented evidence that the Material Tracking System functions as expected.

**3.0 SCOPE:**

The report is applicable for the Installation qualification of Material Tracking System (WH-MTS-01) installed in the Warehouse, QC & Production area at IMMACULE LIFESCIENCES PVT. LTD.



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**4.0 INSTALLATION QUALIFICATION VERIFICATION CHECK LIST**

Sr. No.	Checkpoint	Completed / Not Completed	Checked By (QA)	Verified By (QA)
1.	TDS 1: Details of System			
2.	TDS 2: Pre requisite to initiate the qualification			
3.	TDS 3: Installation verification			
4.	TDS 4: Verification of system			
5.	TDS 5: Verification of major Components and Accessories			
6.	TDS 6: Document verification			
7.	TDS 7: Identification of Standard operating procedures			



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**5.0 SYSTEM APPROVAL**

The observations documented in each section of the report were reviewed against the acceptance criteria as written in the protocol. In some processes, discrepancies have been identified during the execution of the IQ. Details of discrepancy and their corrective action have been documented in section 10.0 (Deviation/ Discrepancy Sheet) of the protocol.

Hence, the Barcode Application System (WH-MTS-01) can be approved for execution of Performance Qualification (OQ) only after successful implementation and verification of the corrective actions identified against the discrepancies identified.

Name	Department	Designation	Signature	Date

