

Pharmaceutical Cleaning Validation Checklist

Scope Definition & Planning

Defines the equipment, cleaning agents, and acceptance criteria for validation.

Write something	
	<u> </u>
Equipment ID/Code	
Enter a number	
Product(s) Processed on Equipment	
Product A	
Product B	
Other (Specify)	
Priof Description of Equipment	
Brief Description of Equipment	

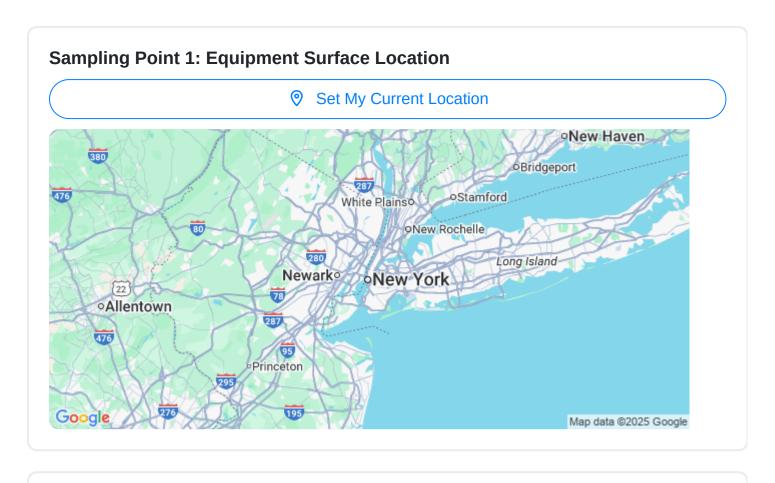
Enter date	
Justification for Clean	ing Validation Approach
Write something	
leaning Agen	t Selection & Compatibility
sures selected cleaning	agents are effective and compatible with equipment material
Pationalo for Cloaning	Agent Selection
Rationale for Cleaning	Agent Selection
Write something	
Cleaning Agent Type	
Alkaline	
Alkaline Acidic	
Alkaline Acidic Neutral	
Acidic Neutral Solvent	
Alkaline Acidic Neutral	
Alkaline Acidic Neutral Solvent	

Cleaning Agent Concentration (%)	
Write something	
pH of Cleaning Agent	
Enter a number	
Material Compatibility Assessment (Equip	ment Materials)
Write something	
Compatibility Result	
Compatible	
Not Compatible	
Requires Further Evaluation	
leaning Procedure Develo	pment
tails the step-by-step cleaning process, include sing steps.	ding contact times, temperatures, and
Detailed Cleaning Procedure Steps	
Write something	
	<i>)</i> .

Enter a number	
Rinse Water Temperature (°C)	
Enter a number	
Rinse Time (minutes)	
Enter a number	
Cleaning Agent Type	
Alkaline	
Acidic	
Neutral	
Contact Time (minutes)	
Water Source	
Purified Water	
Deionized Water	
Tap Water	
Specific Equipment Considerations	
Write something	

Equipment Sampling & Monitoring

Outlines the locations and methods for sampling equipment surfaces during cleaning validation runs.



Number of Swab Samples Collected

Enter a number...

Rinse Volume (mL)

Enter a number...

Sampling Date

Enter date...

Sampling Time

Swab Material Type Cotton Nylon Synthetic
Sampling Location Photo (Optional) Delta Upload File
Residue Limit Determination Defines the acceptable residue limits for cleaning agents and product carryover.
Residue Limit for Cleaning Agent 1 (ppm)
Enter a number
Residue Limit for Product Carryover (ppm)
Enter a number
Justification for Residue Limit Selection
Regulatory Guidance
☐ Industry Best Practices ☐ Toxicological Assessment
Material Compatibility

Write something	
Supporting Documentati	on (e.g., Toxicological Report)
4 Upload File	on (oigi, roxioological report)
Opioau i lie	
Date Limit Established	
Enter date	
	od Validation Is used to detect and quantify residues are fit for purpose
fies the analytical method	
fies the analytical method	
fies the analytical method Method Description	
fies the analytical method	
fies the analytical method Method Description Write something	
Method Description Write something Limit of Detection (LOD)	
fies the analytical method Method Description Write something	
fies the analytical method Method Description Write something	
fies the analytical method Method Description Write something	Is used to detect and quantify residues are fit for purpose

Linearity (R-squared)
Enter a number
Interference Study - Substances Tested
Related Substances
Excipients
Potential Degradants
Cleaning Agents
Accuracy - Recovery %
Validation Completion Date
Enter date
Analyst Signature
Cleaning Validation Runs ocuments the execution of cleaning validation runs and the recorded data.
Run Date
Enter date
Start Time

Batch Number (if applicable)
Enter a number
Run Number
Enter a number
Equipment State Prior to Cleaning (e.g., product residue)
Write something
Cleaning Procedure Followed
Procedure A
☐ Procedure B ☐ Procedure C
Deviations from Standard Procedure (if any)
Write something
Cleaning Logs/Checklists
♣ Upload File

Operator Signature	
ata Analysis & Evaluation	
nalyzes the collected data and determines if acceptance criteria have been met.	
Residue Limit for Cleaning Agent A (ppm)	
Enter a number	
Residue Concentration Found (Cleaning Run 1) (ppm)	
Enter a number	
Residue Concentration Found (Cleaning Run 2) (ppm)	
Enter a number	
Average Residue Concentration (ppm)	
Enter a number	
Acceptance Criteria Met?	
Yes	
□ No	
□ N/A	

	n ior Accepta	ance/Rejectio	on 		
Write somet	hing				
_					
Date of Dat	a Analysis C	ompletion			
Enter date					
Analyst Sig	nature				
			rtina		
ooumo	ntation	9 Dana			
ocume	ntation	& Repo	itilig		
		-	ning validation repo	ort.	
		-		ort.	
etails the crea		ew of the clea		ort.	
Validation F	ation and revi	ew of the clea		ort.	
tails the crea	ation and revi	ew of the clea		ort.	





Cleaning Validation Report



Enter date		
Report Reviewer	Signature	
Report Approver	Signature	
Deviations & Cor	ective Actions (if applicable)	
Write something		
nange Cor	trol & Periodic Review for managing changes and reviewing the cleaning validation	
nange Cor scribes the proces lodically.		
nange Cor		
nange Corscribes the procest odically.	for managing changes and reviewing the cleaning validation	

Review Outcome No Changes Required Minor Changes Required Major Changes Required	
Revalidation Required	
Reason for Change (if applicable)	
Write something	
Revision Number	
Enter a number	
Reviewer Signature	
Next Review Date	
Enter date	