

## Pharmaceutical Container Closure Integrity Testing Checklist

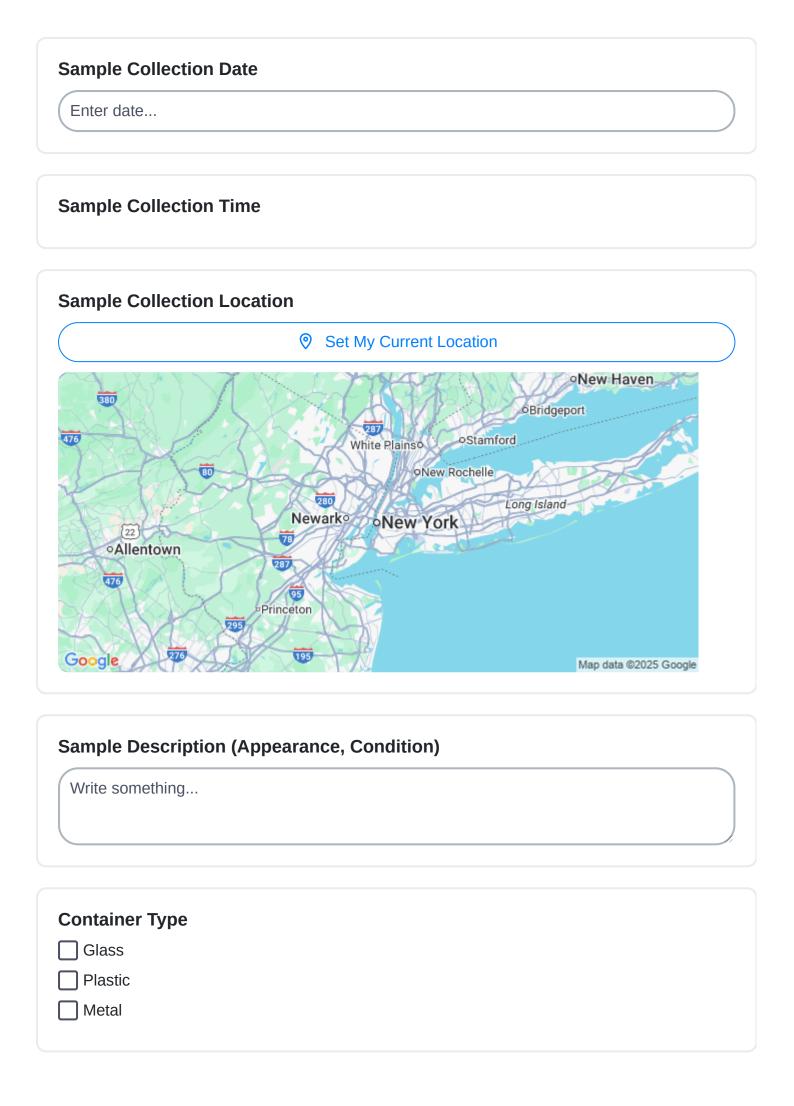
## **Test Planning & Preparation**

Ensuring proper test scope, methodology selection, and equipment readiness.

Test Objective(s)	
Write something	
Test Methodology	
☐ Vacuum Decay	
Pressure Decay	
Helium Leak Testing	
Direct Leak Testing	
Sample Size (Units)	
Enter a number	
Liner a namber	
Planned Test Start Date	
Enter date	

Enter date	
Acceptance Criteria Source	
Company Standard	
Regulatory Guidance	
Client Requirement	
quipment Calibration & Verification	
onfirming accuracy and reliability of testing equipment.	
Last Calibration Date	
Enter date	
Enter date	
Enter date	
Enter date  Calibration Frequency (in months)	
Calibration Frequency (in months)  Enter a number	
Calibration Frequency (in months)	
Calibration Frequency (in months)  Enter a number  Temperature Reading During Calibration (°C)	
Calibration Frequency (in months)  Enter a number  Temperature Reading During Calibration (°C)	

Calibration Standard Used  NIST traceable standard In-house standard Other - Specify in Long Text
Calibration Details/Comments (if 'Other' selected above)
Write something
Calibration Certificate (PDF)
♣ Upload File
Technician Signature
Sample Selection & Handling  Ensuring representative samples are selected and handled appropriately.
Number of Samples Selected
Enter a number
Sampling Method
Random Sampling
Stratified Sampling  Judgmental Sampling



Sample Collector Signature	
eak Testing Procedure Adherence	
erifying adherence to established leak testing protocols (e.g., vacuum decay, pressure ecay, helium leak testing).	
Leak Testing Method	
☐ Vacuum Decay	
Pressure Decay	
Helium Leak Testing	
Other (Specify)	
Vacuum Level (mmHg)	
Enter a number	
Pressure (psi)	
Enter a number	
Leak Rate Limit (cc/min)	
Enter a number	
Test Duration (minutes)	

pecific Procedure Steps Followed (Detailed)	
Write something	
rocedure Version Used	
Version 1.0	
Version 1.1	
Version 1.2	
Other (Specify)	
perator Signature	
to Acquicition ? December	
ta Acquisition & Recording  Trate and complete recording of test data and observations.	
rate and complete recording of test data and observations.	
rate and complete recording of test data and observations.  acuum Decay Test Pressure (mmHg)  Enter a number	
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acuum Decay Test Pressure (mmHg) Enter a number  acuum Decay Test Duration (seconds)	
acuum Decay Test Pressure (mmHg) Enter a number  acuum Decay Test Duration (seconds)	
acuum Decay Test Pressure (mmHg)  Enter a number  acuum Decay Test Duration (seconds)  Enter a number	

Enter date	
Time of Test Start	
Observations During Testing	
Write something	
Test Result (Pass/Fail)	
Pass Fail	
Operator Signature	

Comparison of results against predetermined acceptance criteria and assessment of container closure integrity.

Leak Rate (ml/min)	
Enter a number	

Enter a number	
Method Used (e.g., Vacuum Decay, Pressure Decay, Helium)	
☐ Vacuum Decay	
Pressure Decay	
Helium Leak Testing	
Other - Specify in Long Text	
Detailed Result Commentary	
Write something	
Pass/Fail Determination	
Pass	
☐ Fail	
Conditional - Requires Further Investigation	
Justification for Pass/Fail Determination	
Write something	
Date of Result Evaluation	
Enter date	

Evaluator Signature	
eviation Management & Investigation	
ocumentation and investigation of any deviations from expected results iteria.	s or acceptance
Detailed Description of Deviation	
Write something	
Date of Deviation Occurrence	
Enter date	
Time of Deviation Occurrence	
Severity Level (e.g., Minor, Moderate, Major)  Minor	
Moderate	
Major Major	
Quantity Affected (if applicable)	
Enter a number	

Write something	
Corrective Action Plan	
Write something	
Corrective Action Completion	Date
Enter date	
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eport Generation of test results and conproval.	clusions into a comprehensive report for review and
npilation of test results and con proval.	clusions into a comprehensive report for review and
mpilation of test results and con proval.  Executive Summary of Finding	clusions into a comprehensive report for review and
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Enter a number	
Overall Conclusion (Pass/Fail/Conditional)  Pass Fail Conditional	
Detailed Description of Anomalies (if any)  Write something	
Report Issue Date  Enter date	
Reviewer Signature	
Supporting Data/Graphs (optional)  ① Upload File	

## **Maintenance and Cleaning of Equipment**

Ensuring equipment is properly maintained and cleaned after testing.

Enter date	
Cleaning Procedure Followed (Detailed Description)	
Write something	
Cleaning Solution Concentration (%)	
Enter a number	
Areas Cleaned (Check all that apply)	
Exterior Surfaces	
Sensor Ports	
Internal Components	
Fluid Pathways	
Power Supply	
Cleaning Verification Photos (Optional)	
♣ Upload File	
Cleaning Effectiveness Verification Method	
☐ Visual Inspection	
Residue Testing	
Other (Specify)	

Other Method Description (if selected)		
Write something		
Documentation Review and Traceability		
Review of all associated documentation for completeness and traceability.		
Document Review Date		
Enter date		
Summary of Document Review Findings		
Write something		
Document Status		
☐ Approved ☐ Rejected		
Revised		
Document Revision Number		
Enter a number		
Upload Reviewed Document (if revised)		
♣ Upload File		

Reviewer Signature	
Associated Batch/Lot Number	
Write something	