

Pharmaceutical Validation Checklist Template

Planning & Scope Definition

Defining the scope, objectives, and critical aspects of the validation project.

Write something			
Scope Description (Incl	ısions & Exclusio	ns)	
Write something			
Validation Type (e.g., Pr	ospective Concur	rrent Retrospective)	
Prospective	sopootivo, oonoa	rond, rod osposavo,	
I I I I I I I I I I I I I I I I I I I			
Concurrent			
Concurrent			

Enter a number	
Critical Process Parameters (Initial Assessment)	
risk Assessment	
entifying and assessing potential risks associated with the process/equipme	ent.
Process/Equipment Description	
Write something	
Potential Hazards/Failure Modes	
Write something	
Likelihood of Occurrence (1-5)	
Enter a number	
Severity of Impact (1-5)	
Enter a number	

Enter a number	
Risk Level (Low, I	Medium, High)
Low	
Medium	
High	
Control Measures	s/Mitigation Strategies
Write something	
Effectiveness of (Adequate Inadequate	Control Measures (Adequate/Inadequate)
esian & Sr	ecification Review
-	gn and specifications meet requirements and are adequately
cumented.	gir and specifications meet requirements and are adequately
Describe the inte	nded function of the equipment/process.

Upload design drawings or schematics. ① Upload File	
Specify critical operating parameters (e.g., temperature, pressure). Enter a number	
Does the design meet relevant regulatory requirements (e.g., GMP, FDA)? Yes No Not Applicable	
Explain any deviations from standard designs and justification for these deviations. Write something	
Date of Design Specification Review),
Enter date Reviewer Signature	

Installation Qualification (IQ)

Confirming that the equipment/system is installed correctly and according to specifications.

Equipment Name	
Write something	
Manufacturer	
Write something	
Serial Number	
Enter a number	
Installation Date	
Enter date	
Detailed Description of Equipment and Location	
Write something	
Utilities Connected (Select All That Apply)	
Electricity	
Water	
Compressed Air	
NitrogenHVAC	
Installation Vendor	

Installation Technician Signature	
perational Qualification (OQ) emonstrating that the equipment/system operates within d	efined parameters.
Operating Temperature (Minimum)	
Enter a number	
Operating Temperature (Maximum)	
Enter a number	
Pressure (Minimum)	
Enter a number	
Pressure (Maximum)	
Enter a number	
Date of First OQ Run	
Enter date	
Start Time of First OQ Run	
Start Time of First OQ Run	

Equipment Status After OQ Operational	
Requires Calibration	
Requires Repair	
Trequires repair	
Observations During OQ Runs	
Write something	
OQ Execution Signature	
Performance Oualification (PO)	
Performance Qualification (PQ) /erifying that the equipment/system consistently performs as intended under actual operating conditions.	I
/erifying that the equipment/system consistently performs as intended under actual operating conditions. Batch Number(s) Tested	
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/erifying that the equipment/system consistently performs as intended under actual operating conditions. Batch Number(s) Tested Enter a number Start Date of PQ Runs	
/erifying that the equipment/system consistently performs as intended under actual operating conditions. Batch Number(s) Tested Enter a number Start Date of PQ Runs Enter date	

Enter a number	
Summary of PQ Results and Observations	
Write something	
PQ Criteria Met? Yes No N/A	
Attachment: PQ Data Reports/Charts L Upload File	
Signature of PQ Reviewer	
ocumentation & Records	

Validation Protocol Reference Number	
Write something	

Validation Protocol Document	
♣ Upload File	
Protocol Creation Date	
Enter date	
Protocol Review Date	
Enter date	
Protocol Reviewer Signature	
Summary of Findings/Deviations	
Write something	
Report Approval Signature	
Number of Pages in Report	
Enter a number	

Change Control

Enter date	
Description of Change	
Write something	
Justification for Change	
Write something	
mpact Assessment (High/Medium/Low)	
High	
Medium	
Low	
Estimated Implementation Time (Days)	
Enter a number	
Afficiated Constant (Tour	
Affected Systems/Equipment	
T Equipment A	
Equipment A Software B	
Equipment A Software B Process C	

Requestor Signature		
Approval Date		
Enter date		
Approval Signature		
	of validation protocols and reports by qualified persor	nel.
rmal review and approva		inel.
mal review and approva		nnel.
rmal review and approva		nnel.
Review Date		nnel.
Review Date Enter date Reviewer Name Write something		nnel.
Review Date Enter date Reviewer Name Write something		nnel.
rmal review and approva Review Date Enter date Reviewer Name Write something		nnel.

Approval Status Approved Rejected Conditional Approval	
Approval Reason (if rejected/conditional) Write something	
Approver Signature	\supset
Approval Date Enter date	