|  |  |  |
| --- | --- | --- |
| Customer | : …………………………………………………………………………. | |
| Equipment | : REMOTE VIEW ALARM SYSTEM | |
| Model No. | : NLRVAF07 | |
| Serial No. | : .............................................................................. | |
| Tag No. | : .............................................................................. | |
| System Location | : ...................................................................................................... | |
| **Protocol Pre Approval** | | |
| Prepared By: | Name : .....................................................  Sign : ..................................................... | Company  ...................................................................... |
| Reviewed By: | Name : .....................................................  Sign : ..................................................... | Company  ...................................................................... |
| Approved By: | Name : .....................................................  Sign : ..................................................... | Company  ...................................................................... |

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# Protocol Pre approval

The responsible person signing the Pre-Approval page (page no: **1**) had reviewed and approved the Installation Qualification protocol for Newtronic make Remote View Alarm System. Signing of this protocol indicates that the contents of the documents had been reviewed, all test procedures are accurate and the acceptance criteria are applicable for the intended purpose of this study.

# Brief Description

The Remote View Alarm System that is supplied to ……………………………………… at………………………….. for Monitoring of the Newtronic make chambers with in working area. The equipment has other features such as alarming and send SMS on define numbers. It has Controller with display at the front for human interface.

# Purpose

The purpose of this document is to verify test for,

1. Installation of Remote View Alarm System, this System will be installed within given specification area.
2. Identification of critical instrumentation.
3. Availability of required utilities.
4. Availability of necessary RVAS’s documentation.

# Test procedures

The installation of Remote View Alarm System shall be verified by reviewing the installed systems and Its Functionality of the system, using the test data sheets provided in the protocol. The test data sheets will be used to document the installation of the Remote View Alarm System.

## Test rules

The IQ forms are intended for entering test notations pertaining to individual tests and any deviations that may occur.

All empty test result must be completed manually during the test execution, as well as for the remarks areas.

If the test is not applicable please marked "N / A” (not applicable) or "N / R" (nothing to report). All corrections must be dated and done by hand. The original info has to be crossed out by a single line. The corrected information must be clearly visible.

Each completed tests has to be signed and dated. Deviations from the IQ specification that occur must be registered in the deviation protocol and recorded in the appendix.

The IQ is concluded if all acceptance criteria are fulfilled and the notations / deviations registered in the deviation protocol are remedied or accepted.

# System functional

The Remote View alarm system ensures that the Newtronic make chambers are working as per required set conditions and its gives an alarms if deviation is occurred in the chamber as well as it is send a message on defined mobile numbers in Remote View Alarm System.

| **Sr. No.** | **Technical data Version** | | **Test result met** | **Deviations/ Comments** |
| --- | --- | --- | --- | --- |
| Verification of Test System Details | | | | |
| Machine Details | | | | |
|  | Description | Describes the details of Machine which is being qualified | **Yes / No** |  |
|  | Test / Acceptance | Equipment Type :  Remote View Alarm System | 🞎 🞎 |  |
|  | Test / Acceptance | Supplier Name:  Newtronic Lifecare Equipment Private Limited. | 🞎 🞎 |  |
|  | Test / Acceptance | System Tag Number : ................................... | 🞎 🞎 |  |
|  | Test / Acceptance | Location (Room #):  ...................................................................... | 🞎 🞎 |  |
|  | Test / Acceptance | Model Number:  NLRVAF07 | 🞎 🞎 |  |
|  | Test / Acceptance | Serial Number: ................................................ | 🞎 🞎 |  |
| Master Document Verification | | | | |
|  | Description | The listed documents must be availablewith their reference no., revision no., date, etc | **Yes / No** |  |
|  | Test / Acceptance | System Operation Manual:  Operation Manual Ver....................................... | 🞎 🞎 |  |
|  | Test / Acceptance | General Assembly Drawing:  ………………………………………………………… | 🞎 🞎 |  |
| Scope of Equipment | | | | |
|  | Description | The listed documents must be availablewith their reference no., revision no., date, etc | **Yes / No** |  |
|  | Test / Acceptance | Model Number:  NLRVAF07 | 🞎 🞎 |  |
|  | Test / Acceptance | RVAS Installation:  RVAS assembly as per 6.2 b) | 🞎 🞎 |  |
| Control System Hardware Components | | | | |
|  | Description | Verify control system components properly mounted and as per General Assembly Drawing (6.2 b) | **Yes / No** |  |
|  | Test / Acceptance | Remote View Alarm System HMI to view all Chambers:   * HMI Make : UniOP * HMI Model : eTOP507 * Power Supply : 24 VDC | 🞎 🞎  🞎 🞎  🞎 🞎 |  |
|  | Test / Acceptance | Power supply to controller (SMPS):   * Make : Mean Well * Model : NES-25-24 * Output Voltage : 24 1 VDC * Quantity : 1No. | 🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎 |  |
|  | Test / Acceptance | Power supply to controller (SMPS):   * Make : Mean Well * Model : NES-15-12 * Output Voltage : 12 1 VDC * Quantity : 1No. | 🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎 |  |
| Modem | | | | |
|  | Description | Modem is provided in the remote view alarm system. | **Yes / No** |  |
|  | Test / Acceptance | Modem details:   * Make : Newtronic Standard * Specification : Quad band Modem /GPRS * Quantity : 1 Nos. | 🞎 🞎  🞎 🞎  🞎 🞎 |  |
| Utilities Verification | | | | |
|  | Description | For proper functioning of the chamber the utilities to the equipment must be supplied/connected properly | **Yes / No** |  |
|  | Test / Acceptance | Electrical UPS supply for Remote View Alarm System:   * Supply : 200 ~ 230 VAC * Mains Isolator : 16 Amps MCB * Chamber Earth : Properly connected * Neutral to Earth voltage: NMT 4 VAC * Fuse/Over current protection 16 Amps | 🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎 |  |
|  | Test / Acceptance | Environment Conditions:   * Temperature: 22 to 30 °C | 🞎 🞎 |  |
|  | Test / Acceptance | Ethernet Communication for Remote View Alarm System with Chambers:   * 10/100 Mbps Ethernet connectivity port/HUB available for communication of the Remote View Alarm System with Chambers. * CAT-5/ CAT-6 Cable for LAN connectivity using RJ-45 * Unique Static IP Address assign to the Remote View Alarm System. | 🞎 🞎  🞎 🞎  🞎 🞎 |  |

# Deviation Report

Report Number: ………………………………………………….

Deviations to the acceptance criteria that occurred during testing need to be stated in the deviation report. One deviation report must be created for each deviation and the report number to be indicated accordingly.

The deviation report can be copied as required.

|  |  |
| --- | --- |
| ***Description of problem*** | ………………………………………………………………………………………  ………………………………………………………………………………………  ………………………………………………………………………………………  ………………………………………………………………………………………  ………………………………………………………………………………………  ……………………………………………………………………………………… |
| ***Measures for trouble shooting*** | ………………………………………………………………………………………  ………………………………………………………………………………………  ………………………………………………………………………………………  ………………………………………………………………………………………  ………………………………………………………………………………………  ………………………………………………………………………………………  ……………………………………………………………………………………… |
| ***Remarks*** | ………………………………………………………………………………………  ………………………………………………………………………………………  ……………………………………………………………………………………… |
| ***Executor***  ***Verified/ accepted by*** | **Date:** . . . . . . . . . . . . . . . . **Signature:** . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . .  **Date:** . . . . . . . . . . . . . . . . **Signature:** . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . |

# Appendix

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| Annexure Number | Contents | Number of pages |
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# Approval of test results

The Installation Qualification is approved if all acceptance criteria are fulfilled and the notations / deficiencies registered in the deviation protocol are corrected or fully accepted.

**Approved By:**

|  |  |  |
| --- | --- | --- |
| **Tests executed** | **Name** | **Signature and Date** |
| Executor | . . . . . . . . . . . . . . . . . . . . . | . . . . . . . . . . . . . . . . . . . . . . . . |
| **All Test criteria have been fulfilled** | **Name** | **Signature and Date** |
| Verified | . . . . . . . . . . . . . . . . . . . . . | . . . . . . . . . . . . . . . . . . . . . . . . |
| **All Test criteria have been fulfilled** | **Name** | **Signature and Date** |
| Approved | . . . . . . . . . . . . . . . . . . . . . | . . . . . . . . . . . . . . . . . . . . . . . . |

*Remarks*

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