|  |  |  |
| --- | --- | --- |
| 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 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.

The direction of the sequence of operation must be checked by a remote view alarm system and successful completion of these qualification requirements will provide assurance that the Remote View Alarm System Operates and function as required in the processing environment and meets operational requirements.

# Purpose

The purpose of this document is to verify test for,

1. Healthiness of Remote View Alarm System.
2. Checking Components Functionality.
3. User Training
4. Empty Chamber Mapping

# Test procedures

The operations for Remote View Alarm System shall be verified by reviewing the installed systems operations, using the test data sheets provided in the protocol. The test data sheets will be used to document the operations of the Remote View Alarm System and to verify that the operations of the Remote View alarm System conform to Design and Functional specifications.

## Test rules

The OQ 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 OQ specification that occur must be registered in the deviation protocol and recorded in the appendix.

The OQ is concluding if all acceptance criteria are fulfilled and the notation / deviations registered in the deviation protocol are remedied or accepted.

# Responsibilities relatives to the protocol, execution of tests and report

Newtronic Lifecare Equipment is responsible for the creation of this protocol……………………………………………………… representatives are responsible to approve this Protocol within the working area.

Newtronic is responsible to execute the tests in requested order.

# 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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Test of Equipment functions | | | | | | | | |
| Healthiness of control system | | | | | | | | |
|  | Description | | If you activate the UPS for controller and main switch the system will go into operation | | | Yes / No | |  |
|  | Test / Acceptance | | The cooling fan shuold be running and HMI should display Equipment List Menu:   * Is cooling fan running? * Is HMI displaying Equipment List menu? | | | 🞎 🞎  🞎 🞎 | |  |
| Communication with Equipments | | | | | | | | |
|  | Description | | **Give the IP address to RVAS and connect it to Ethernet.** | | | **Yes / No** | |  |
|  | Test /  Acceptance | | IP address of RVAS for Ethernet Communication with Chambers.   * RVAS IP address : …………………………… * Equipment Name in RVAS: | | | 🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎  🞎 🞎 | |  |
| Sr. No. | Equipment Name | IP Address |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| * Is communication with RVAS, In Equipment List window ok? | | |
| Display Function and operation | | | | | | | | |
|  | Description | **After the RVAS is started on, the HMI will Shows following result.** | | | | **Yes / No** | |  |
|  | Test / Acceptance | Turn ON the HMI Supply:  Does the Default window open on HMI? | | | | 🞎 🞎 | |  |
|  | Test / Acceptance | Touch On Main Menu:  Does the Main Menu window Open? | | | | 🞎 🞎 |  | |
|  | Test / Acceptance | Touch On Equipment List:  Does the Equipment List window Open? | | | | 🞎 🞎 | |  |
|  | Test / Acceptance | Touch On User Groups:  Does the User Group window Open? | | | | 🞎 🞎 | |  |
|  | Test / Acceptance | In User Group, Touch On Group Name:  Does the Group name window Open? | | | | 🞎 🞎 |  | |
|  | Test / Acceptance | In User Group, Touch On Equipment Details:  Does the Equipment Details window Open? | | | | 🞎 🞎 | |  |
|  | Test / Acceptance | Touch On System Diagnostic:  Does the System Diagnostic window Open? | | | | 🞎 🞎 | |  |
|  | Test / Acceptance | In System Diagnostic, Touch On Comm. Status:  Does the Comm. Status window Open? | | | | 🞎 🞎 | |  |
|  | Test / Acceptance | In System Diagnostic, Touch On Modbus Status:  Does the Modbus Status window Open? | | | | 🞎 🞎 |  | |
|  | Test / Acceptance | Touch On Company Information:  Does the Company Information window Open? | | | | 🞎 🞎 | |  |
| System Operational Test | | | | | | | | |
|  | Description | **In this we check the operation of SMS Generation, Hooter testing and Port Initialization** | | | | **Yes / No** | |  |
|  | Test / Acceptance | Turn ON the RVAS Supply:  In System diagnostic, touch on Test Hooter   * Does the Hooter will buzz up?   In System Diagnostic, touch on Test SMS   * Does the SMS will send by RVAS on define number?   In system Diagnostic, touch on port Initialization   * Does the RVAS port will Initialization? | | | | 🞎 🞎  🞎 🞎  🞎 🞎 | |  |
| Conditions Settings | | | | | | | | |
|  | Description | | **In RVAS the all chamber shows Online** | | | **Yes / No** | |  |
|  | Test / Acceptance | | Verify all the Equipment are proper connected by LAN:  Does the all connected Equipment shows ONLINE In Remote View Alarm System? | | | 🞎 🞎 | |  |
| Operating Procedure For Remote View Alarm System | | | | | | | | |
|  | Description | | **The operating procedure available with the Remote View Alarm System Documents** | | | **Yes / No** | |  |
|  | Test / Acceptance | | Verify the Operating procedure for Remote View Alarm System available:  Does the RVAS operating procedure is available? | | | 🞎 🞎 | |  |
| System Power Failure Condition | | | | | | | | |
|  | Description | | The RVAS should not be affected by power failure and should start automatically as per user settings after power has resumed. | | | **Yes / No** | |  |
|  | Test / Acceptance | | Turn OFF the RVAS power for 30 seconds and restart the power:   * Does the system starts automatically? * Is the all Equipments are same as per previous settings? | | | 🞎 🞎  🞎 🞎 | |  |

# 

# Deviation Protocol

Sequential no: . . . . . . . . . . . . . .

Deviations to the acceptance criteria that occur during testing need to be stated in the deviation protocol.

One deviation protocol must be created for each deviation and the sequential number to be indicated accordingly.

The deviation protocol can be copied as required.

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

# Appendix

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

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

Approved by:

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

Remarks

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