



SACF 25[®] Semi-Automatic Capsule Filler IQ/OQ



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LFA Signature Identification



Prepared by	Name	Title	Date
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Approved by	Name	Title	Date
Manufacturing			
Engineering			
Quality			

Comments		 	 	 	 	 		
Reviewed F	Bv:						[Date

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Purpose and Background

The purpose of this Installation Qualification (IQ)/Operational Qualification (OQ) Protocol is to establish documented evidence that the SACF 25® and its ancillary systems have been installed according to the system specifications, have been configured per applicable manufacturer's recommendations, design specifications, and process requirements, and performs the intended functions as specified in the protocol.

Scope

Equipment

This IQ/OQ Protocol applies to the following equipment:

Items	System Information
URS Reference	N/A
Factory Acceptance Testing (FAT) Reference	
Project Master Validation Plan Number	N/A
Site Master Validation Plan Number	N/A
Equipment Name/Description	SACF 25/Semi-automatic capsule filler
Manufacturer	LFA Machines
Model Number	1
Serial Number	
Equipment ID Number or Asset Number	
Previous Qualification/Validation Number(s) (if applicable)	N/A
Is system new, modified, moved, periodic review, or revalidation?	
If revalidation, attach necessary change control document(s) and record attachment number. Provide reason for revalidation.	

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System Requirements

This IQ/OQ Protocol applies to the following system requirements:

System Requirement	Target
Output Speed Target	25,000 capsules per hour (sizes #5, #4, #3, and #2) 21,400 capsules per hour (sizes #1 and #0) 17,850 capsules per hour (size #00)
Availability	90% (10% of potential availability taken up by cleaning, maintenance, etc.)
Quality Rate	+/-5% accuracy on capsule fill and dose
Overall Equipment Effectiveness (OEE)	90-95%
Crew Target	1 person

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Responsibilities

The table below displays information regarding the individuals involved in developing this qualification protocol.

Department/Individual	Responsibilities
Validation Author	 Develops the process validation plan, protocol, and report. Confirms accuracy and completeness of the validation and qualification deliverables.
Validation Project Leader	 Defines validation and qualification deliverables (i.e., process validation plan, protocol, and report, project monitoring, protocol execution). Acquires inputs from any needed technical experts to determine the activities appropriate to the validation. Identifies the resources required to conduct the validation.
Technical Representative	 Provides knowledge with regard to the equipment/process/ product undergoing validation and qualification. Provides assistance to the Validation Project Leader with respect to the technical aspects of the equipment/process/ product. Provides help with study designs, acceptance criteria, and statistical analysis, as necessary.
Quality Assurance/Quality Management	 Reviews and approves validation and qualification documentation. Ensures that each document is complete, accurate, and compliant with applicable validation requirements. Reviews and approves deficiencies that occur during validation.

Comments:		
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General Requirements

Completion of Installation Qualification (IQ) and Operational Qualification (OQ) shall be governed by the following general guidelines:

- Prior to starting any test case, the individual(s) involved in the test execution shall be trained on both the protocol and applicable procedure(s) required to execute the test cases.
- Except for the protocol approvers, each person who performs or reviews any section of tests within this document must complete the Signature Identification sheet.
- All tests that require the person executing the protocol to make a comparison, calculation or
 a judgment of satisfactory completion, will include a "Pass" or "Fail" column. This section will
 require the person executing the protocol to enter the disposition of each test or test step as
 appropriate.
- Any discrepancy encountered during execution will be documented as a deviation and will
 require analysis to determine the root cause, assessment of deviation risk, and corrective
 action recommendation, including repeat testing as appropriate. The deviation must be
 reviewed and approved prior to completing the associated test case. Each deviation shall
 be sequentially numbered and listed in a supported report log. The corresponding test case
 should reference the related deviation number.
- All test instruments used in the execution of this protocol must have a current calibration
 certification, traceable to NIST or applicable international standards. When the certificates for
 these instruments are held in the quality system (i.e., site calibration program), a verification of
 certification is sufficient. For all other instruments, current calibration must be demonstrated
 through calibration certificates.
- Any comments regarding the test case(s) will be recorded on the data sheets under the "Comments" section.
- The "Reviewed By" signature line will be signed by an independent reviewer who has read the respective test case and agrees with execution and conclusions.
- All supporting documentation and attachments must be identified or labeled with the minimum of the identification number, pagination (page of page), protocol number, and applicable test case(s).

General Acceptance Criteria

- The test case is successful and passes when all test steps meet the acceptance criteria.
- Successful completion of the protocol is achieved when all test cases have been successfully completed and all deviations resolved.

Comments:		
Reviewed By:	Date:	



Codes and Abbreviations

Code	Meaning
CE	Certification mark that indicates conformity with health, safety, and environmental protection standards sold within the European Economic Area
°C	Degree centigrade
Decibels	dB
Dev No.	Deviancy number
Hz	Hertz
IQ	Installation Qualification
kg	Kilogram
Megapascal	MPa
m	Meter
mm	Millimeter
NIST	National Institute of Standards and Technology
Nm	Newton meter
OQ	Operational Qualification
PPE	Personal protective equipment
RH	Relative humidity
SACF®	LFA registered trademarked term meaning semi-automatic capsule filler

Comments:	
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Equipment and Process Description

SACF 25® Process

The basic mechanism of the SACF 25® involves inserting the capsules into the Capsule Discs, separating the capsule halves, filling the capsule bodies, and sealing/ejecting the capsules

Inserting Capsules into the Tooling

Capsules are poured into the Capsule Hopper, which then distributes them to the Capsule Sewing Mechanism. The Capsule Magazine then orients the capsules in the correct position and sews them into the Capsule Discs. After the capsules' insertion, the vacuum pulls the capsule bodies from the caps. The operator then manually pulls apart the Capsule Discs, which each contain the capsule caps and bodies.

Filling the Capsule Bodies with Powder

The disc with capsule bodies is inserted onto the turntable in front of the Powder Hopper. After the Powder Hopper is filled with dry materials, the Auger and filling arm evenly distributes the powder onto all the capsule bodies inside the plate.

Capsule Sealing and Ejection

After excess powder has been removed, both Capsule Discs are manually rejoined. The Capsule Discs are then inserted into the Capsule Sealer and pushed against the Capsule Ejection Disc, which adheres both halves of the capsules together and ejects the filled capsules from the plates.

Comments:	
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Test Equipment

Equipment	Serial Number	Calibration Certificate Number	Calibration Date	Initial and Date
Indoor thermometer				
Hygrometer				
Multimeter				

Comments:		
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TEST No. TDD01		PACKING LIST		
Purpose o	of Te	est		
To confirm	the	presence	of the packing list with the appro	priate information.
Method				
1	Loc	cate packin	g list with the shipping container.	
2		Confirm the package list includes description of products, quantity, net weight, and gross weight.		
Results	Results			
Test		Acceptance Criteria		Pass/Fail
1		Description of products is present.		
2		Quantity of products is present.		
3		Net weight of shipment is present.		
4		Gross weight of shipment is present.		
Result		Dev No. Completed by (Initial/Date)		Verified by (Initial/Date)

Comments:	
Reviewed By:	Date:





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TEST No. TDD02		QUALIFICATION CERTIFICATE			
Purpose o	of To	est			
To confirm	the	presence (of CE qualification certificate.		
Method					
1	Ins	spect the CE certification.			
2	Со	onfirm signature of authorized LFA personnel.			
Results					
Test		Acceptance Criteria		Pass/Fail	
1		CE qualification certificate is complete.			
2		Signature of authorized LFA personnel is present.			
Result		Dev No. Completed by (Initial/Date)		Verified by (Initial/Date)	

Comments:		
Reviewed By:	Date:	





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TEST No. TDD03	FACTORY ACCEPTANCE TEST REPORT AND QUALITY CONTROL CHECKLIST				
Purpose o	of Te	est			
To confirm	the	presence	of factory acceptance test (FAT)	report.	
Method					
1	Ins	nspect the FAT report.			
2	Confirm quality control checklist from LFA Taiwan location is included.				
Results					
Test		Acceptance Criteria		Pass/Fail	
1		FAT report is complete.			
2		Quality control checklist from LFA Taiwan location is complete.			
Result		Dev No. Completed by (Initial/Date)		Verified by (Initial/Date)	

Comments:	
Reviewed By:	Date:





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TEST No. SACFD01	MATERIAL CERTIFICATE			
Purpose of	f Te	st		
To confirm	the	presence of	f materials certificate.	
Method				
1	Po	int of contac	ct materials are certified by third	party.
2	Со	nfirm materi	als are accurate to LFA standard	I.
Results				
Test		Acceptance Criteria Pass/Fail		
1		Capsule Discs material is confirmed to be LY12 aluminum alloy.		
2		Capsule Ejection Disc material is confirmed to be LY12 aluminum alloy and SUS304.		
3	Powder Hopper material is confirmed to be SUS304.			
4	Capsule Hopper material is confirmed to be SUS304.			
5		Alignment Tools material is confirmed to be SUS304.		
Result		Dev No. Completed by (Initial/Date)		Verified by (Initial/Date)

Comments:	
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TEST No. SACFD02	PRODUCT MANUAL			
Purpose o	f Test			
To confirm	the presen	ce o	f product manual.	
Method				
1	Find the SACF 25® product manual at https://www.lfacapsulefillers.com/ product-data in Product Manuals section.			
2	Confirm product manual link is accessible.			
Results				
Test		Acceptance Criteria		Pass/Fail
1	Product manual PDF is accessible and can be downloaded.			
Result	Dev No. Completed by (Initial/Date)		Completed by (Initial/Date)	Verified by (Initial/Date)

Comments:	
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TEST No. SACFD03		ELECTRICAL WIRING DIAGRAM		
Purpose o	f Tes	st		
To confirm	the p	oresence o	f electrical wiring diagram.	
Method				
1	Find the appropriate product manual at https://www.lfacapsulefillers.com/ product-data in Product Manuals section.			
2	Inspect the electrical wiring diagram in the product manual's appendix.			
Results				
Test		Acceptance Criteria		Pass/Fail
1	Electrical wiring diagram is accessible within the manual.			
Result		Dev No. Completed by (Initial/Date)		Verified by (Initial/Date)

Comments:	
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-	Installation Position and Space Qualification is tenditions required for installation and operation.	o confirm the space and	
TEST No. SACFIS01	WORKSPACE SURFACE		
Purpose of	Test		
To confirm machine an	the workspace surface accounts for the machin d user.	e's weight and force exerted	
Method			
1	Ensure workspace surface supports machine's weight of 330 kg (around 728 lbs).		
2	Ensure the workspace surface supports an additional 92 kg (around 77 lbs).		
Results			
Test	Acceptance Criteria	Pass/Fail	
4	Workspace surface is sturdy enough to		

Completed by (Initial/Date)

Comments:		
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support 422 kg (around 805 lbs).

Dev No.

1

Result

Verified by (Initial/Date)





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The objective of Installation Position and Space Qualification is to confirm the space and environmental conditions required for installation and operation.

TEST No. TDIS02		WORKSPACE TEMPERATURE						
Purpose of	Purpose of Test							
To confirm	To confirm the workspace's temperature levels are acceptable for machine operation.							
Method	Method							
1	Ме	Measure the workspace's temperature with an indoor thermometer.						
Results								
Test			Acceptance Criteria	Pass/Fail				
Workspace temperature measures within 0-40 °C (32-104 °F).								
Result Dev No.		Dev No.	Completed by (Initial/Date)	Verified by (Initial/Date)				

Comments:	
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-	objective of Installation Position and Space Qualification is to confirm the space and commental conditions required for installation and operation.									
TEST No. TDIS03	HUMIDITY									
Purpose o	Purpose of Test									
To confirm	To confirm the workspace's relative humidity levels are acceptable for machine operation.									
Method	Method									
1	Ме	asure the w	vorkspace's humidity with a hygro	ometer.						
Results										
Test	Test Acceptance Criteria Pass/Fail									
1	Workspace relative humidity measures within 20-80% RH.									
Result		Dev No. Completed by (Initial/Date) Verified by (Initial/Date)								

Comments:		
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The objective of Safety Measures Qualification is to confirm that machine installation meets requirements of safe production.

TEST No. SACFSM01		LIFTING EQUIPMENT						
Purpose of 1	Purpose of Test							
To confirm th	To confirm that the proper lifting equipment is available for mounting the machine.							
Method								
1	En	sure forklift	and pallet jack are available.					
2	En	sure pallet j	ack supports the machine and d	oes not induce any movement.				
Results								
Test			Acceptance Criteria	Pass/Fail				
1		Engine hoi position.	st and lifting strap are in					
2		-	attached to top of machine olt thread fully screwed in.					
1 3 1			p is secure and supports the weight in a balanced way.					
Result		Dev No.	Completed by (Initial/Date)	Verified by (Initial/Date)				

Comments:		
Reviewed By:	Date:	





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The objective of Safety Measures Qualification is to confirm that machine installation meets requirements of safe production.

	baio piodaotio							
TEST No. TDSM03	PERSONAL PROTECTIVE EQUIPMENT							
Purpose o	Purpose of Test							
	To confirm user has access to the following items of personal protective equipment (PPE) for use during machine operation.							
Method								
1	Ensure protec	tive equipment is on hand before	using the machine.					
Results								
Test		Acceptance Criteria	Pass/Fail					
1	Steel toe b	poots are in possession.						
2	Heavy duty	y grip gloves are in possession.						
3	Back supp	ort belt is in possession.						
4	Safety gog	gles are in possession.						
5	Disposable latex/rubber gloves are in possession.							
6	Hairnet and/or beard net are in possession (if applicable).							
Result	Dev No.	Completed by (Initial/Date)	Verified by (Initial/Date)					

Comments:		
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The objective of Safety Measures Qualification is to confirm that machine installation meets requirements of safe production.

TEST No. SACFSM02		CORRECT LOCAL VOLTAGE			
Purpose of Test					
To confirm that the workspace has the correct local voltage for the machine.					
Method					
1	En	Ensure the workspace has the correct voltage.			
Results					
Test		Acceptance Criteria		Pass/Fail	
1		Workspace electrics support 240 V/220 V.			
Result		Dev No.	Completed by (Initial/Date)	Verified by (Initial/Date)	

Comments:	
Reviewed By:	Date:





The objective of Equipment Appearance Qualification is to confirm no damage to the machine's appearance during installation.

TEST No. TDEA01		NAMEPLATE				
Purpose o	Purpose of Test					
To confirm clear.	onfirm that the nameplate is securely fixed onto the machine and its information is r.					
Method						
1	En	sure that th	e nameplate is securely fitted to	the machine.		
2		sure that the nameplate contains details that are pertinent to the operation the machine.				
Results						
Test		Acceptance Criteria		Pass/Fail		
1		Nameplate is present.				
2		Nameplate displays machine name.				
3		Nameplate displays version number.				
4		Nameplate displays serial number.				
5		Nameplate displays voltage and power requirements.				
6		Nameplate displays motor type.				
Result		Dev No.	Completed by (Initial/Date)	Verified by (Initial/Date)		

Comments:		
Reviewed By:	Date:	





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The objective of Equipment Appearance Qualification is to confirm no damage to the machine's appearance during installation.

TEST No. TDEA02		MACHINE BODY AND WIRING				
Purpose o	Purpose of Test					
To confirm	that the m	achi	ne has no obvious damage to bo	dy and/or wiring.		
Method						
1		nspect the machine body for obvious indentations, spots, scratches, cracks, r any other damages.				
2	Inspect the	spect the wiring, cables, and electrical box for damage.				
Results						
Test	Acceptance Criteria		Acceptance Criteria	Pass/Fail		
1	Machine body has no obvious damage.		ody has no obvious damage.			
2	Machine's wiring, cables, and electrical box have no damage.					
Result	Dev N	10.	Completed by (Initial/Date)	Verified by (Initial/Date)		

Comments:	
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Operational Qualification Protocol





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The objective of Production and Output Qualification is to confirm the maximum production and output values of the machine.

TEST No. SACFOQ01		ELECTRICAL OUTPUT LEVELS			
Purpose of T	est				
To confirm that the machine's kilowatt, voltage, and ampere levels are correct.					
Method					
1	Us	Jse a multimeter to measure the machine for each unit.			
Results					
Test		Acceptance Criteria		Pass/Fail	
1		Maximum kilowatts is 2.2.			
2		Maximum volts is 240.			
3		Maximum amps is 9.2.			
Result		Dev No.	Completed by (Initial/Date)	Verified by (Initial/Date)	

Comments:	
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Operational Qualification Protocol



Production and Output Qualification

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TEST No. SACFOQ02		MAXIMUM HOURLY CAPSULE PRODUCTION			
Purpose of Test					
To confirm that the machine's maximum hourly capsule production level is approximately no less than approximately 17,850.					
Method					
Automatically operate the machine for one minute using Firmafill as a tes (purchase at https://www.lfacapsulefillers.com/firmafill-capsule-powder).					
2 Record		ord the capsule amount produced in one minute.			
3	Calculate	alculate the hourly output by multiplying the capsule amount by 60.			
Results					
Test		Acceptance Criteria	Pass/Fail		
1		num hourly tablet production is oximately 17,850 pieces (+/-5%).			

Completed by (Initial/Date)

Comments:	
Reviewed By:	Date:

Result

Dev No.

Verified by (Initial/Date)

Protocol Deviation Log



Record		rial Number deviations raised during the completion of t	he protocol and	the date the
	Deviation No.	Deviation Description	Date Resolved	Initial and Date
Comments	:		_	



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