

## **IQ | OQ DOCUMENTATION**

### **Vacuum Filtration Equipment**

#### **1-, 3-, 6-branch Combisart® Manifold**

Type of vacuum filtration system

#### **Biosart® 100 Monitor**

Type of funnel

#### **Suction Flask 1- | 2-Liters**

Type of suction flask

#### **Electrical Membrane Pump**

Type of vacuum pump

# INSTALLATION & OPERATIONAL QUALIFICATION DOCUMENTS

## Vacuum Filtration Equipment

### 1-, 3-, 6-branch Combisart® Manifold

Type of vacuum filtration system

### Biosart® 100 Monitor

Type of funnel

### Suction Flask 1- | 2-Liters

Type of suction flask

### Electrical Membrane Pump

Type of vacuum pump

# INSTALLATION QUALIFICATION DOCUMENT

## Vacuum Filtration Equipment

### 1-, 3-, 6-branch Combisart® Manifold

Type of vacuum filtration system

### Biosart® 100 Monitor

Type of funnel

### Suction Flask 1- | 2-Liters

Type of suction flask

### Electrical Membrane Pump

Type of vacuum pump

Manifold Vacuum Filtration System  
Biosart® 100 Monitors

IQ | OQ Documentation

**IQ Protocol**

**Installation Qualification  
Content**

**CLIENT INFORMATION**

Client name: \_\_\_\_\_

**Type of vacuum filtration system: Manifold Combisart® System**

**No. of filter stations: \_\_\_\_\_ (1, 3 or 6)**

**Type of funnel: Biosart® 100 Monitor**

**1x Biosart® 100 Monitors Model no. and Lot no.:** \_\_\_\_\_

**1x Combisart® Manifold Model no. and Serial no.:** \_\_\_\_\_

**\_\_\_\_\_ x Combisart® Single Base**  
Model no.: \_\_\_\_\_

**1x Vacuum Pump Model no. and Serial no.:** \_\_\_\_\_

**1x Vacuum Hose Model no.:** \_\_\_\_\_

**\_\_\_\_\_ x Biosart® Adapter Model no.:** \_\_\_\_\_

**1x Suction Flask Model no.:** \_\_\_\_\_

**1x Silicone Stopper Model no.:** \_\_\_\_\_

**1x Tube Connector Model no.:** \_\_\_\_\_

\*) for each filter station one single base and one adapter should be available

**Choice one out of two water traps (please delete where inapplicable)**

**1x Vacusart® Model no. and Lot no.:** \_\_\_\_\_

**1x Woulff's bottle Model no.:** \_\_\_\_\_

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

## **CONTENT OF INSTALLATION QUALIFICATION**

1. Document Inspection
2. Physical Inspection
  2. A. Delivery Control
  2. B. Physical Aspects
  2. C. Power Management

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

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Manifold Vacuum Filtration System  
Biosart® 100 Monitors

IQ | OQ Documentation

**IQ Protocol**

**Installation Qualification**  
**1. Document Inspection**

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## 1. DOCUMENTS PROVIDED WITH THE VACUUM FILTRATION EQUIPMENT

**Purpose:** To ensure that all standard documentation has been supplied.

- A) User manual for Combisart® system including adapters and accessories:      Yes       No
- B) User manual for vacuum pump:      Yes       No

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

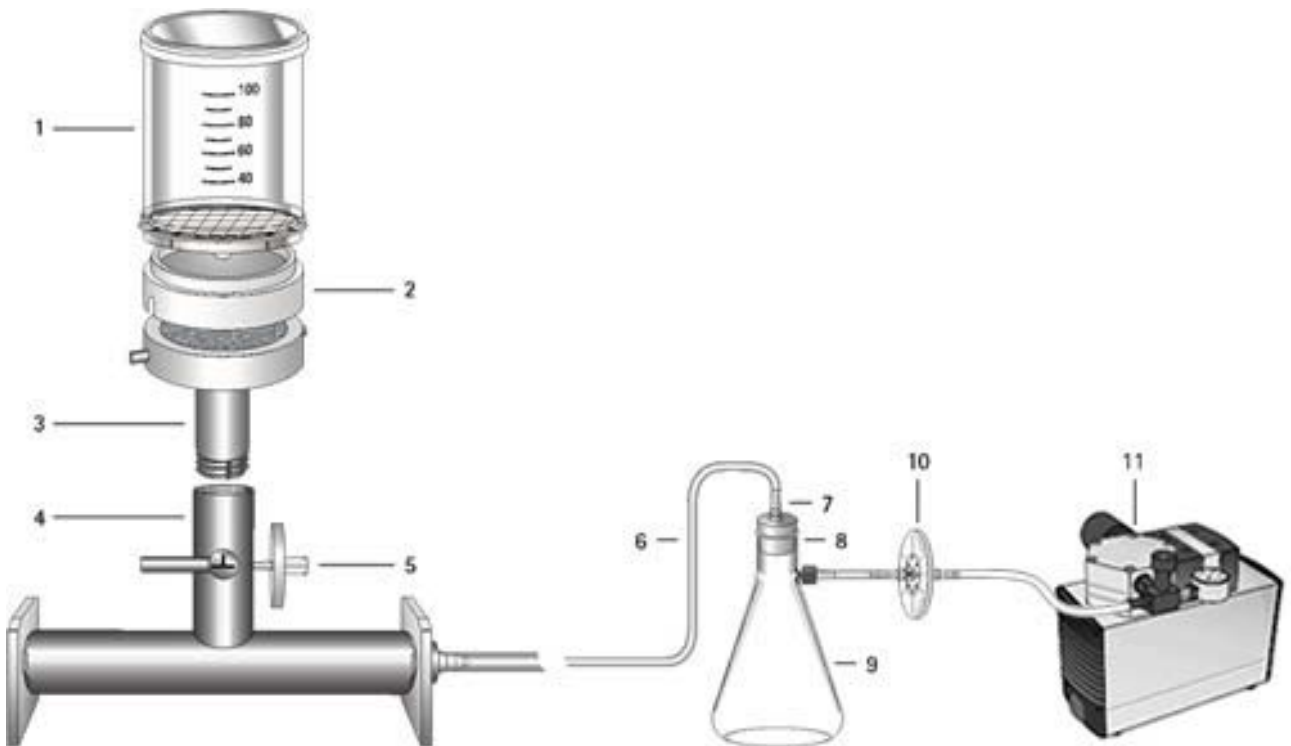
COMPANY: \_\_\_\_\_

**Installation Qualification**  
**2. Physical Inspection**

**2. A- DELIVERY CONTROL**

**Purpose:** To ensure that all standard components have been supplied.

**Set Up of a manifold filtration system with a 1-|2-liter suction flask**



Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**IQ Protocol**

**Installation Qualification  
 2. Physical Inspection**

**2. A- DELIVERY CONTROL**

**Purpose:** To ensure that all standard components have been supplied.

**A.[1] Biosart® 100 Monitors**

- |                       |     |                          |    |                          |
|-----------------------|-----|--------------------------|----|--------------------------|
| 1. Packing carton:    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Packaging foil:    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Carton stickers:   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. User manual:       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Certificate:       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Biosart® Monitors: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Plugs:             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. PE adapter:        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**A.[2] Adapter(s) for Biosart® 100, units \_\_\_\_\_**

- |                          |     |                          |    |                          |
|--------------------------|-----|--------------------------|----|--------------------------|
| 1. Biosart® 100 Adapter: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. PE-bag:               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Sticker on PE-bag:    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**A.[3] Combisart® Single Base(s), units \_\_\_\_\_**

- |                            |     |                          |    |                          |
|----------------------------|-----|--------------------------|----|--------------------------|
| 1. Packing carton:         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Packaging paper:        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Carton stickers:        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Combisart® Single Base: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_



**2. A- DELIVERY CONTROL**

**Purpose:** To ensure that all standard components have been supplied.

**A.[4] Combisart® Manifold**

**A.[5] Minisart® SRP Venting Filter**

- |                                  |     |                          |    |                          |
|----------------------------------|-----|--------------------------|----|--------------------------|
| 1. Packing carton:               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Foam inserts:                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Carton stickers:              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. User manual:                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Combisart® Individual Base:   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Minisart® SRP venting filter: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**A.[6] Tube Connector**

- |                       |     |                          |    |                          |
|-----------------------|-----|--------------------------|----|--------------------------|
| 1. Tube connector:    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. PE-bag:            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Sticker on PE-bag: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**A.[7] Vacuum Hose**

- |                          |     |                          |    |                          |
|--------------------------|-----|--------------------------|----|--------------------------|
| 1. Vacuum hose   tubing: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--------------------------|-----|--------------------------|----|--------------------------|

**A.[8] Silicone Stopper**

- |                       |     |                          |    |                          |
|-----------------------|-----|--------------------------|----|--------------------------|
| 1. Silicone stopper:  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. PE-bag:            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Sticker on PE-bag: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**2. A- DELIVERY CONTROL**

**Purpose:** To ensure that all standard components have been supplied.

**A.[9] Choice one out of two Suction Flasks** (please delete where inapplicable)

**2-Liters Suction Flask | Vacuum Bottle**

- |                                   |     |                          |    |                          |
|-----------------------------------|-----|--------------------------|----|--------------------------|
| 1. Packing carton:                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Foam inserts:                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Carton stickers:               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Suction Flask   Vacuum Bottle: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Hose nipple:                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**1-Liter Suction Flask | Vacuum Bottle**

- |                                   |     |                          |    |                          |
|-----------------------------------|-----|--------------------------|----|--------------------------|
| 4. Packing carton:                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Foam inserts:                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Carton stickers:               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Suction Flask   Vacuum Bottle: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**IQ Protocol**

**Installation Qualification  
 2. Physical Inspection**

**2. A- DELIVERY CONTROL**

**Purpose:** To ensure that all standard components have been supplied.

**A.[10] Choice one out of two Water Traps** (please delete where inapplicable)

**Vacusart®**

- |                           |     |                          |    |                          |
|---------------------------|-----|--------------------------|----|--------------------------|
| 1. Packaging carton:      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Carton stickers:       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. PE-bag:                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Sticker on PE-bag:     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Vacusart® Filter Unit: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Woulff's Bottle**

- |                         |     |                          |    |                          |
|-------------------------|-----|--------------------------|----|--------------------------|
| 1. Packing carton:      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Foam inserts:        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Carton stickers:     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Woulff's Bottle:     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Glass tube, long:    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Glass tube, short:   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Glass tube with tap: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Caps:                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**2. A- DELIVERY CONTROL**

**Purpose:** To ensure that all standard components have been supplied.

**A.[11] Vacuum Pump**

- |                             |     |                          |    |                          |
|-----------------------------|-----|--------------------------|----|--------------------------|
| 1. Packing carton:          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Foam inserts:            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Carton stickers:         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. CE-conformity statement: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. User manual:             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Vacuum pump:             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**2. B- PHYSICAL ASPECTS**

**Purpose:** To ensure that the equipment is supplied integer and undamaged.

- A) General appearance (no visible damage):      Yes       No
- B) Type plate | Serial numbers attached:      Yes       No
- C) CE – approval plate attached:      Yes       No
- D) Line cord installed:      Yes       No

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**2. C- VERIFICATION OF POWER MANAGEMENT**

**Purpose:** To ensure that all electrical devices are suitable for the locally provided power supply.

**C.1. Voltage Supply**

Voltage locally \_\_\_\_\_ V

Suitability to local Voltage: Yes  No **C.2. Frequency Supply**

Frequency locally \_\_\_\_\_ Hz

Suitability to local Frequency: Yes  No 

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

## PROTOCOL OF INSTALLATION QUALIFICATION

The following installation qualification protocols had been completed satisfactorily.

- Document Inspection
- Physical Inspection

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

# OPERATIONAL QUALIFICATION DOCUMENT

## Vacuum Filtration Equipment

### 1-, 3-, 6-branch Combisart® Manifold

Type of vacuum filtration system

### Biosart® 100 Monitor

Type of funnel

### Suction Flask 1- | 2-Liters

Type of suction flask

### Electrical Membrane Pump

Type of vacuum pump



Manifold Vacuum Filtration System  
Biosart® 100 Monitors

IQ | OQ Documentation

**OQ Protocol**

**Operational Qualification  
Content**

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## CLIENT INFORMATION

Client name: \_\_\_\_\_

Type of vacuum filtration system: **Manifold Combisart® System**

No. of filter stations: \_\_\_\_\_ (1, 3 or 6)

Type of funnel: **Biosart® 100 Monitor**

### Serial | Lot numbers of the equipment

**Biosart® 100 Monitor** Lot no.: \_\_\_\_\_

**Combisart® Manifold** Serial no.: \_\_\_\_\_

**Vacuum Pump** Serial no.: \_\_\_\_\_

**Vacusart®** Lot no.: \_\_\_\_\_

(please delete where inapplicable)

## CONTENT OF OPERATIONAL QUALIFICATION

- I. Assembly of the System
- II. Start-Up and Functional Tests
  - A. Combisart® tap positions and their functions
  - B. Start-up the system
  - C. Verification of the Combisart® taps
- III. Test Filtration

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

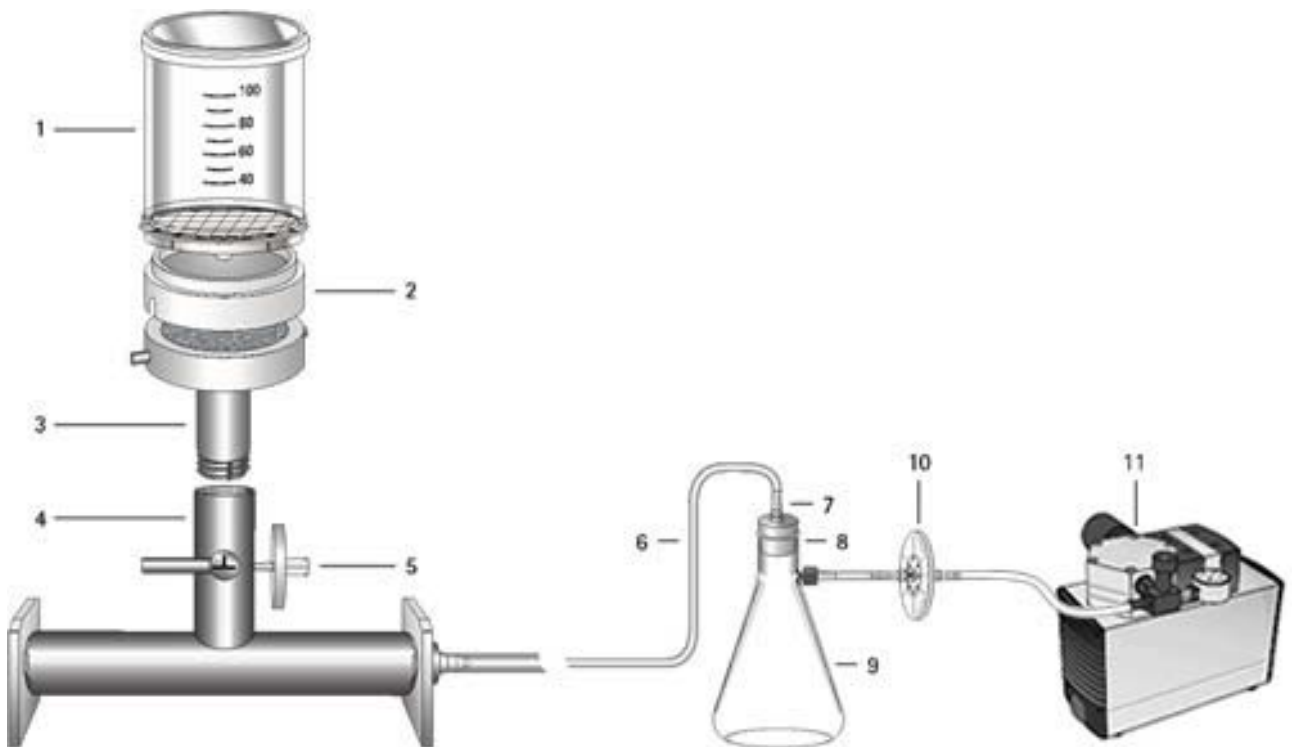
Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**I. ASSEMBLY OF ALL SYSTEM COMPONENTS**

**Purpose:** To ensure that all supplied components are connected correctly

**Set Up of a manifold filtration system with a 1-|2-liter suction flask**



Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**I. ASSEMBLY OF ALL SYSTEM COMPONENTS**

**Purpose:** To ensure that all supplied components are connected correctly

**Remark:** In the following section the assembly of the Combisart® System is described in detail. If your Combisart® System has more than one filter station, please make sure that you follow the instructions for every filter station.

1. Screw the Combisart® single base [3] into the thread of the Combisart® manifold [4], turning the Combisart® single base [3] until the two pins are positioned either right | left or front | back.  
 Tighten the threaded nut using a 24-mm open-end wrench (spanner).

Firm fit of the Combisart® single base                      Yes       No

All Combisart® single bases fit                                      Yes       No

2. Insert the flat silicone gasket into the Combisart® single base [3], and place the stainless steel filter support (frit) onto the silicone gasket.

Gasket and frit are positioned                                      Yes       No

All gaskets and frits are positioned                                      Yes       No

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**I. ASSEMBLY OF ALL SYSTEM COMPONENTS**

**Purpose:** To ensure that all supplied components are connected correctly

3. Place the Biosart® 100 adapter [2] onto the  
 Combisart® single base [3]

All Biosart® 100 adapters are placed Yes  No

Firm fit of all components Yes  No

4. Insert the air filter [5] into the venting hole

Venting hole closed with Minisart® SRP Yes  No

All venting holes closed with Minisart® SRP Yes  No

5. Insert the tube connector [7] into the silicone  
 stopper [8] and insert the stopper into the  
 opening of the suction flask [9].

Firm fit of the stopper and the tube connector Yes  No

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

## I. ASSEMBLY OF ALL SYSTEM COMPONENTS

**Purpose:** To ensure that all supplied components are connected correctly

6. Screwing the hose nipple on the outlet of the suction flask [9] (not necessary for 1-Liter flask)

Firm fit of the hose nipple                                  Yes       No

7. Cutting the vacuum hose [6] in half

Vacuum hose cut    Yes       No

8. Mounting one end of one half of the vacuum hose [6] on the tube connector [7] and the other end on the hose nipple of the Combisart® manifold [4].

Hose seated tight at both ends    Yes       No

9. Cutting the remaining vacuum hose [6] in half

Hose cut    Yes       No

Operator Signature: \_\_\_\_\_    Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_    Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

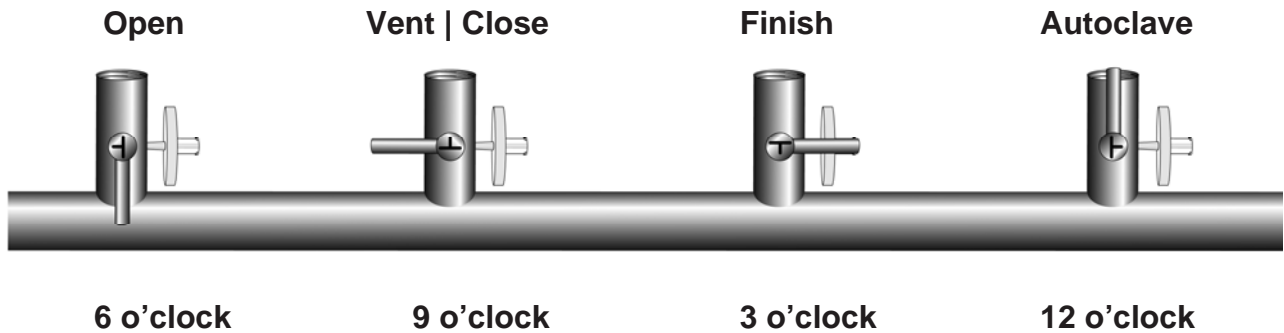


**Operational Qualification**  
**II. Start-Up and Functional Test**

**II. A- COMBISART® TAP POSITIONS AND THEIR FUNCTIONS**

**Purpose:** To ensure that the Combisart® tap is used correctly. So the vacuum below the membrane filter is released sterilely.

**Tap Position:**



**Function:**

For Filtration	After Filtration	After the Filtration Run	For Autoclaving
The full vacuum draws the sample through the membrane filter. The venting filter is "off-line."	The vacuum between the tap and membrane filter is released under sterile conditions. Secondary contamination of the bottom of the filter is ruled out entirely.	The residual vacuum between the pump and valve is released via the sterilizing grade filter.	For reliable sterilization, the steam flows freely through all openings.

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**II. B- START-UP THE SYSTEM**

**Purpose:** To ensure that the Combisart® System is working correctly.

**B.1. Start-Up the system**

Turning each of the Combisart® taps to position “Vent | Close” (9 o’clock) and switching the vacuum pump on. If a Woulff’s bottle is used, making sure the tap is closed.

Place Biosart® 100 Monitor(s) [1] on top of the Biosart® 100 Adapter(s) [2].

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Pump running, audible noise           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Vacuum is build up in the system      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Biosart® 100 Monitor(s) are installed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_



**II. C- VERIFICATION OF THE COMBISART® TAP**

**Purpose:** To ensure that the Combisart® tap is working and used correctly. So the vacuum below the membrane filter is released sterilely.

**Remark:** In the following section the test of the functionality of the Combisart® 3-way-taps is described. If your Combisart® System has more than one filter station, please make sure that you follow the instructions for every Combisart® tap separately, while the other taps are closed (9 o'clock position).

**C.1. Functionality Combisart® Tap Position “Open”**

Place a Biosart® 100 Monitor [1] on top of the Biosart® 100 Adapter [2] and fill the Monitor with 100 ml tap water.

Turn the Combisart® tap to position “Open” (6 o'clock)

- |  |  |
|--|--|
| 1. Water is drawn through the Biosart® 100 Monitor             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. <u>No</u> vacuum occurs on the venting filter Minisart® SRP | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. <u>All</u> Combisart® taps were tested                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**II. C- VERIFICATION OF THE COMBISART® TAP**

**Purpose:** To ensure that the Combisart® tap is working and used correctly.  
 So the vacuum below the membrane filter is released sterilely.

**C.2. Functionality Combisart® Tap Position “Vent | Close”**

Turn the Combisart® tap to position “Vent | Close” (9 o’clock). Refill the Biosart® 100 Monitor with tap water.

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| 1. Vacuum occurs on the venting filter<br>Minisart® SRP         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. <u>No</u> water is drawn through the Biosart® 100<br>Monitor | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. <u>All</u> Combisart® taps were tested                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**C.3. Functionality Combisart® Tap Position “Finish”**

The Biosart® 100 Monitor is filled with tap water. Turn the Combisart® tap to position “Finish” (3 o’clock)

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| 1. Vacuum occurs on the venting filter<br>Minisart® SRP         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. <u>No</u> water is drawn through the Biosart® 100<br>Monitor | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. The vacuum of the system is released                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. <u>All</u> Combisart® taps were tested                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**2. C- VERIFICATION OF THE COMBISART® TAP**

**Purpose:** To ensure that the Combisart® tap is working and used correctly.  
 So the vacuum below the membrane filter is released sterilely.

**C.4. Functionality Combisart® Tap Position “Autoclave”**

The Biosart® 100 Monitor is filled with tap water. Turn the Combisart® tap to position “Autoclave” (12 o’clock)

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 1. Water is drawn through the Biosart® 100 Monitor   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Vacuum occurs on the venting filter Minisart® SRP | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. <u>All</u> Combisart® taps were tested            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**III. VERIFICATION OF THE FUNCTION – TEST FILTRATION**

**Purpose:** To ensure that the Combisart® System is working correctly.

1. Placing Biosart® 100 Monitor(s) [1] on top of each of the Biosart® 100 Adapters [2] and turning the Combisart® tap(s) to position “Vent | Close” (9 o’clock). Switching on the vacuum pump [9] (the tap of the Woulff’s bottle must be closed).

- 1. Pump running, audible noise Yes  No
- 2. Vacuum is build up in the system Yes  No

2. Filling the Biosart® 100 Monitor with 100 ml of tap water and turning the Combisart® tap to position “Open” (6 o’clock)

- 1. Filling procedure functioning Yes  No
- 2. Emptying procedure functioning Yes  No
- 3. All Combisart® taps were tested Yes  No

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**III. VERIFICATION OF THE FUNCTION – TEST FILTRATION**

**Purpose:** To ensure that the Combisart® System is working correctly.

3. After the filtration turning the Combisart® tap to position “Vent | Close” (9 o’clock). The vacuum between the tap and Biosart® 100 Monitor is released under sterile conditions by the Minisart® SRP.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Vacuum occurs on the venting filter<br>Minisart® SRP for a short moment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Noiseless removing of the Biosart® 100 Monitor                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. <u>All</u> Combisart® taps were tested                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**PROTOCOL OF OPERATIONAL QUALIFICATION**

The following operational qualification protocols had been completed satisfactorily.

- Assembly
- Start-Up and Functional Tests
- Test Filtration

Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_