

Test Script # IQ-04		IQ Test Name: Test Software and Instrument Firmware Version		
Equipment # TE82969-1		Equipment Name: PDA/eLambda Linearity Tester		
Installation Site: Flextronics Contract Manufacturing Site of WPPL in Singapore				
Purpose: To verify that the installed software/firmware is correct per the applicable design and/or operational document(s).				
Test Execution: • List all relevant Equipment software and/or instrument firmware in the Description column. Specify the associated part number for the instrument firmware, if applicable. Rows may be added/removed as needed. • List the associated required equipment software and/or critical instrument/internet connection sharing firmware version(s), as defined in the applicable design/operational document(s), in the Acceptance Criteria column. • Verify that the software version displayed on the Operator Interface of the program and/or the firmware loaded on the instruments/PC match the acceptance criteria identically, if applicable, then complete the table below.				
Objective Evidence: • Completed IQ-04 Test Script Data Sheet • Identify and/or provide a screen capture/print out/copy of the applicable design/operational document that defines the required software/firmware version(s) within or as an attachment to the associated Installation Qualification Report. • Screen capture and/or test record displaying/indicating the software and/or firmware version(s), as applicable				
Description	Acceptance Criteria	As Found	Pass/Fail	Initial & Date
Test Equipment Software	Version: 2.1	Version:		
Comments: 				
Overall Test Conclusion				
☐ Pass ☐ Fail		Document No.: _____ Iteration No.: _____ Attachment: _____ Page: ____ of ____		

Title: *Installation Qualification Protocol*

Document # 730004135

Version # 02

Page 9 of 11

Test Script # IQ-06	IQ Test Name: Functional Verification		
Equipment # TE82969-1	Equipment Name: PDA/eLambda Linearity Tester		
Installation Site: Flextronics Contract Manufacturing Site of WPPL in Singapore			
Purpose: To verify that the system operates as expected. Test Execution: - Select the UUT(s) or tests to be performed as defined within the Installation Qualification Section of 730001835. - List the Part Number and Serial Number, if applicable, in the UUT Part Number/Serial Number column. - Define the appropriate Acceptance Criteria within the Acceptance Criteria column. - Perform a test of the UUT(s), verify the Acceptance Criteria, then complete the table below. If an associated Test Record is being used as objective evidence the Header/Footer information should be verified for accuracy. Objective Evidence: - Completed IQ-06 Test Script Data Sheet - Copy of the Test Record(s) for the UUT(s), as applicable - The UUT(s) selected for this Test Script and the reasoning for why it/they were selected shall be summarized within the associated Installation Qualification Report. - If this Acceptance Criteria is other than "All required CTQ Specification measurements result in a Pass" then it shall be summarized within the associated VAF, Process Validation Plan, and/or Installation Qualification Report. - For systems that download firmware to product the BOM showing the firmware requirement shall be provided within the IQR.			
UUT Part Number/Serial Number	Acceptance Criteria	Pass/Fail	Initial & Date
UUT Part Number: 186015033 UUT Serial Number:	30mg concentration test runs and is properly reported on the Test Record.		
Comments:			
Overall Test Conclusion ☐ Pass ☐ Fail		Document No.: _____ Iteration No.: _____ Attachment: _____ Page: ____ of ____	

Title: *Installation Qualification Protocol*

Document # 730004135

Version # 02

Page 10 of 11

Appendix A: TRAINING RECORD

Document #	735001613	Document Title	PDA Final Test System Test and Specification Procedure	Version	20
				Revision	U

Training Performed By: (If not used this section can be deleted)

Printed Name	Signature	Date

☐ Read and Understood (If self-trained – If not self-trained this section can be deleted)

By signing you acknowledge that you have reviewed, understand, and agree to comply with the policies and practices of the procedure defined above.

Printed Name	Signature	Initials	Date

Print multiple copies of this Training Record Template as needed

Document No.: _____
Iteration No.: _____
Attachment: _____ Page: ____ of ____