

Pharmaceutical Cleanroom Validation Form

General Information

Facility Name

Location/Room

Date

Performed By

Reviewed By

Room Classification

Validation Tests Summary

| Test Parameter | Specification | Result | Pass/Fail | Comments |
|----------------------------|---------------|--------|----------------------|----------|
| Airborne Particle Count | | | <input type="text"/> | |
| Air Changes per Hour (ACH) | | | <input type="text"/> | |
| HEPA Integrity Test | | | <input type="text"/> | |
| Pressure Differential | | | <input type="text"/> | |
| Temperature and Humidity | | | <input type="text"/> | |
| Recovery Test | | | <input type="text"/> | |
| Viable Count | | | <input type="text"/> | |

Observations

Corrective Actions (if any)

Approvals

Validated By

Date

Approved By

Date