



## Sterilization- In- Place: Validation Protocol Plan Approval

(Ref. [SOP VAL-225](#))

Protocol Plan Detail						Sign / Date
Validation Project No.						
Validation Type	Vessel <input type="checkbox"/> Line <input type="checkbox"/>		Line Start: _____ Line End: _____			
Vessel or Line ID:		Area (circle)	2A / 2D / 2F / 3A / 3E			
Vessel Working Volume Range						
Validation Type:	Re-Validation <input type="checkbox"/>		Initial <input type="checkbox"/>			
	Previous Validation Project Reference					
Minimum Number of Trials Empty	1 / 2 / 3 or Specify _____					
Minimum Number of Trials Filled	Total: 1 / 2 / 3 or Specify _____					
	Min. Filled SIP Volume			No. Trials		
	Max. Filled SIP Volume			No. Trials		
Vessel Under DoA Control	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Vessel SIP SOP Reference						
Vessel SIP Full Cycle Time (min)	Empty					
	Filled					
SIP Trial Evaluation Time (min)	Empty	Half-Cycle <input type="checkbox"/>		Full-Cycle <input type="checkbox"/>		
	Filled	Full -Cycle <input type="checkbox"/>		Other <input type="checkbox"/>		
Justification for Time Modification						

Approval of the Validation Plan Execution	Name	Sign / Date
Initiated By: (Validation Engineer)		
Reviewed By: (Validation Supervisor or Delegate)		
Approved By: (Quality Manager/ QA Manager or Delegate)		

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