



THE BARCODE EXPERTS

# Axicon 15000 series barcode verifier

## Installation and Operational Qualification results form



### Equipment being validated

Axicon model: .....

Serial number: .....

Test performed: Full / Partial (if partial then specify)

Installation qualification (IQ): .....

Operational qualification (OQ): .....

Name: .....

Position within company: .....

Date: .....

# Installation Qualification

## Test protocol results

**(IQ) Test 1** Standard equipment (page 5 of the instruction book).

Required	Results
Axicon model number	
Serial number of verifier	
User guide	
Calibration card	
Serial number of calibration card	
Expiry date of calibration card (one year from test date)	
CD containing installation software	
Calibration card is valid	
Software version number	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

**(IQ) Test 2** Software installation (page 6 of the instruction book)

Required	Results
Administrator rights to install software?	
Administrator rights to update software?	
Name of administrator	
Contact details of administrator	
The location of the software installation	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

(IQ) Test 3 hardware installation (page 7 of the instruction book)

Required	Results
USB drivers for camera verifier installed	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

(IQ) Test 4 Setup, appearances (page 7 of the instruction book).

Required	Results
Measurement units	
Colour for "Pass"	
Colour for "Warning"	
Colour for "Fail" Messages	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

(IQ) Test 5 setup, plugins (page 8 of the instruction book).

Required	Results
List all activated Plugins	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

**(IQ) Test 6** Setup, saving (page 10 of the instruction book).

Required	Results
Autosave?	
Autosave directory / Filename (if appending is enabled)	
Decode	
Use Time and Date	
Save as	
Allow Cancel?	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

**(IQ) Test 7** setup, User data (page 12 of the instruction book).

Required	Results
User Data activated?	
If Yes, List data fields	
If additional template files have been created, these should be listed.	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

**(IQ) Test 8** Setup, reports (page 13 of the instruction book).

Required	Results
Automatic file saving?	
Report format set	
Name of Output file used	
Append option being used?	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

**(IQ) Test 9** Settings, data (page 15 of the instruction book).

Required	Results
State whether settings have been locked by main user and who this user is.	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

**(IQ) Test 10** Calibration authorisation (page 15 of the instruction book).

Required	Results
Users with details of permissions settings for the calibration function.	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

**(IQ) Test 11** system settings (page 16 of the instruction book).

Required	Results
Confirm that time out settings have been set appropriately	
Confirm that only authorised personnel have passwords to enable access to the software	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

Summary of tests for Installation Qualification

Test Number	Required	Completed
Test 1	Standard equipment	
Test 2	Software installation	
Test 3	Hardware installation	
Test 4	Set up - appearances	
Test 5	Activate plugins	
Test 6	Set up - saving scan files	
Test 7	User data requirements	
Test 8	Set up - saving reports	
Test 9	Set up - access to settings	
Test 10	Set up - calibration authorisation	
Test 11	Set up - system settings	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

Final assessment

If all the tests have been passed, the verifier has passed its Performance Qualification, and the following certificate of conformance may be completed. If any of the tests has failed, contact Axicon or your reseller to arrange for the verifier to be serviced.

### Certificate of Installation Qualification

This is to certify that I have checked the following verifier today:

Axicon verifier model: .....

Serial number: .....

in accordance with the Axicon Installation Qualification test protocol.

The verifier will now operate in accordance with Axicon’s specifications and has been configured to meet the user’s requirements.

Examiner signature: ..... Date: .....

Confirmed by: ..... Date: .....

Company name: .....

# Operational Qualification

## Test protocol results

**(OQ) Test 1** Calibration (page 19 of the instruction book).

Required	Results
Serial numbers of calibration card and the certificate of conformance match	
Calibration card is not showing signs of wear or damage	
The certificate of conformance is valid	
“Calibration Successful” result	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

**(OQ) Test 2** Operational qualification protocol (page 25 of the instruction book).

Required	Results
All entries have been completed	
All appropriate boxes have been initialled and dated	
Name of person completing this document	
Position of person completing this document	
Company of person completing this document	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....



**Summary of tests for Operation Qualification**

Test Number	Required	Completed
Test 1	Calibration card and calibration	
Test 2	Verifier and plugins function as expected	

Examiner Signature: ..... Date: .....

Confirmed by: ..... Date: .....

**Certificate of Operational Qualification**

This is to certify that I have checked the following verifier today:

Axicon verifier model: .....

Serial number: .....

in accordance with the Axicon Operational Qualification test protocol.  
 The verifier will now operate in accordance with Axicon’s specifications and has been configured to meet the user’s requirements.

Examiner signature: ..... Date: .....

Confirmed by: ..... Date: .....

Company name: .....