

[organization name]

## Appendix 1 – Validation Master Plan

This Validation Master Plan is written for the period from [date] to [date].

This Validation Master Plan is prepared by [name], [job title] on [date].

**Commented [AES1]:** Include the name of the person preparing

**Commented [AES2]:** Include the job title of the person

**Commented [AES3]:** Include the date when the Validation

**Commented [AES4]:** Include a list of processes that need to be validated.

No.	Process name	[Date]											
		20	21	22	23	24	25	26	27	28	29	30	31
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

[organization name]

No.	Equipment qualification	Month											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct		
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

**Commented [AES5]:** Include a list of equipment that needs to be validated.

Legend:

- X** – Planned
- ✓ – Realized
- ⊖ – Postponed

[job title]

[first and last name]

[organization name]

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[signature]

**Commented [AES6]:** Only necessary if the Procedure for Document and Record Control prescribes that paper documents must be signed.