Objective Visual Evaluation of the Relative Content of Major and Minor Defects in Tablets and Capsules

Keyphrases Tablets, capsules—relative defect determination Defects, tablets and capsules—visual determination method

Sir:

Recently, it became desirable for our Quality Control Department to develop and subsequently implement a reasonably objective analysis for the evaluation of major and minor physical defects in tablets and capsules. The results would then be used to determine if additional processing was required prior to packaging.

Even though major and minor physical defects are routinely monitored by most pharmaceutical manufacturers, we were unable to find a reference regarding a test method in the literature. Consequently, a visual method has been developed which allows for the monitoring of major and minor physical defects in tablets and capsules.

Basically, the method consists of filling a rectangular plastic (Plexiglas) tray, a monolayer in depth, with the test tablets or capsules. The tray is placed on a workbench and positioned under a lamp containing a 100watt incandescent lightbulb. The tray's width is placed parallel to the front bench edge about 7.62–15.24 cm. (3-6 in.) from the edge. The lamp is connected to a timer¹ that activates illumination of the lightbulb for a required amount of time.

Table I-Definition of Major and Minor Defects

Major Defects	Minor Defects
Surface spots Breaks or cracks Coated base tablet exposed Foreign particulate matter ^a	Polishing not uniform Feathered edges Chips Pitting or pimples Atypical mottling Nonuniform color Nonuniform size or shape Not smooth Smeared printing Thin-coated edges

^a Detection of this major defect results in rejection of the lot until it is freed of any health hazard resulting from this defect.

Subsequently, the start button of the timer is depressed and the tablets are scanned for both major and minor defects (Table I); the defective tablets are marked, using a felt-tipped pen (or equivalent). Automatically, the light is turned off, signifying the end of the analysis. The number and types of defects are sorted, and the results are recorded on an assay report

¹ Model M-1M, Industrial Timer Corporation, Parsippany, N. J.

form. The report is designed so that the number and types of defects are identified.

An empty tray is superimposed over the tabletcontaining tray, and the two trays are rotated 180° around the x- or y-axis so that the reverse side of the tablets are exposed. The original tray is removed, and the assay is performed on the new exposed side of the samples. The procedure is repeated until the total number of tablets or capsules required in the evaluation is assayed, and the results are recorded accumulatively.

The total number of units assayed is related to batch size and based on Military Standard 105D. Using the average tablet or capsule weight, the number of units to be tested are weighed into a beaker for subsequent transfer to the testing tray. A double sampling plan is used in which the acceptable quality level (A. Q. L.) is 0.65 and 4.0%, respectively, for major and minor defects.

Two sets of trays (two identical trays per set) are required to accommodate capsules, capsule-shaped tablets, and the conventional standard-shaped tablets. All the trays are 22.86×15.24 cm. (9 $\times 6$ in.); however, the trays used for capsules and capsule-shaped tablets have an inner depth of 0.32 cm. (0.125 in.), and the trays used for the standard-shaped tablets have an inner depth of 0.16 cm. (0.062 in.).

Since the size of the tablet or capsule being assayed dictates the number of units in each tray load, the time interval (length of time light is illuminated) is correspondingly adjusted. In effect, the illumination duration is longest for the smallest tablet assayed. After a year of using this technique, we have developed the following formula for determining the time interval for a given sample:

P seconds/tablet $\times \frac{\text{total number of tablets to be assayed}}{\text{number of filled trays}} =$

seconds/tray (Eq. 1)

The value of P chosen should reflect the desired rigidity of the inspection. In our laboratory, P has an average value of 0.035 sec./tablet. If 1000 tablets were to be tested and five filled trays were involved, the time interval would be 7 sec./tray. If the last tray is less than half a tray, half the time interval is used. Otherwise, the tray is considered a full tray.

We found that the number of tablets scanned per tray varies between analysts, and the formula attempts to compromise these differences. Otherwise, the natural tendency of the analyst is to become overcritical of the sample appearance.

> J. C. STONE Quality Control Laboratories Warren-Teed Pharmaceuticals Inc. Columbus, OH 43215

Received April 13, 1970.

Accepted for publication May 27, 1970.

The author thanks Mr. Frank Blackett for his advice and counsel during the assemblement of the testing equipment, and the invaluable assistance provided by the Quality Control Department.