SECTION I:

|  |
| --- |
| **ABOUT YOUR COMPANY** |
| 1 | Name |  |
| 2 | Designation |  |
| 3 |  Company |  |
| 4 |  Facility Address |  |
| 5 | Email Address |  |
| 6 | Website |  |
| 7 | Phone Number and Extension |  |
| 8 | Fax |  |
| 9 | Existing Esco Equipment |  |
| 10 | You Work For |  End User/Facility Owner Cleanroom Builder/Contractor Lab Builder/Contractor Distributor |

SECTION II:

|  |
| --- |
| **PROJECT INFORMATION** |
| 11 | URS Available | * Yes (please attach document)
* No
 |
| 12 | Industry | * Hospital Pharmacy
* Pharmaceutical
* Outsourcing Facility
* Chemicals
* Research and Development
* Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 13 | Name of Project |  |
| 14 | Location of Project (City, Country) |   |
| 15 |  Deadline of Submission  of Quotations |  |
| 16 | Delivery Date Required |  |
| 17 | Application/s | * Sterile Pharmacy Compounding
* Non-sterile Pharmacy Compounding
* Hazardous Drug Compounding
* Radiopharmaceutical Compounding

*For radiopharmaceutical applications, please refer and use the “Radiopharmacy Equipment Questionnaire”.** Sterility Testing
* Research and Development
* Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 18 |  Type of Secondary Engineering Control (Room where to place the cabinet) | * Cleanroom

[ ] ISO Class 7[ ] ISO Class 8[ ] Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Segregated Compounding Area
* Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Room Dimension (W x D x H)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Height Clearance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Door Dimension and Clearance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 19 |  Provide Site Plan/Floor Layout so that Esco can verify clearances are Sufficient for Installation/Maintenance Access | *Please attach site plan/floor layout together with this questionnaire.* |
| 20 |   What standards do you follow? |  |
| 21 |   For **Sterile Pharmacy Compounding** | Type of Preparation[ ] Total Parenteral Nutrition[ ] Antibiotic Compounding[ ] Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Equipment Needed for the Process:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Will you carry out sterility testing using a sterility test pump?[ ] Yes, state brand/model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] No |
| 22 |  For **Non-sterile Pharmacy Compounding**  | Type of Preparation[ ] Tablets/Capsules[ ] Oral Solutions/Suspensions[ ] Dermatological Preparations[ ] Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Equipment Needed for the Process:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 23 |   For **Hazardous Drug Compounding** | Type of Hazardous Drug:[ ] Non-sterile HD[ ] Sterile HD[ ] BothDo you handle these drugs or any other volatile drugs? *(Carmustine, Cyclophosphamide, Doxorubicin, Ifosfamide, Meclorethamine, Thiotepa)*[ ] Yes[ ] No |
| 24 | Protection*(Tick All That Apply)* | * Operator protection
* Product protection
* Environmental protection
 |
| 25 | Level of Need | * Have an approved budget \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Preparing to submit a budget for approval
* Gathering information for future reference
 |

SECTION III:

|  |
| --- |
| **CABINET SPECIFICATIONS INFORMATION** |
| 26 | Internal Width |  |
| 27 | Internal Height |  |
| 28 | Internal Depth |  |
| 29 | Type of Cabinet | * Open Front
* Closed-system/Isolator
 |
| 30 | Pressure Mode | * Positive Pressure
* Negative Pressure
* Required Pressure, please specify per chamber:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 31 | Airflow Circulation | * Recirculating
* Total Exhaust
 |
| 32 | Airflow Pattern |  Unidirectional Turbulent |
| 33 | Construction Material*(Indicate if interior or exterior material of construction)* |  Antimicrobial Powder-Coated Electrogalvanized Steel Stainless Steel 304 Stainless Steel 304L Stainless Steel 316L* Others, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 34 | Control System | * Standard Esco Sentinel Microprocessor
* Industry Grade HMI/PLC

  |
| 35 | Parameters to Monitor*(Tick All That Apply)* |  Velocity Pressure across filters Temperature Humidity* Pressure in isolator
* Others, Specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 36 | Utility Requirement | * 100 VAC 50/60 Hz 1 Ph
* 115 VAC 50/60 Hz 1 Ph
* 230 VAC 50/60 Hz 1 Ph
* 380 – 400 VAC 50/60 Hz 3 Ph
* 480 VAC 60 Hz 3 Ph
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 37 | Options | * Electrical outlets, indicate the Type Code and Power/Current Rating Required:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Equipment services:

[ ] N2 [ ] WFI/PW [ ] Compressed Air[ ] Drain Connection [ ] Exhaust Duct Connection [ ] Others, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Network Connections
* Adjustable Hydraulic Stand
* BioVap™ Bio-decontamination System
* CCTV Integration + Provision
* Continuous Liner System
* Glove Leak Tester
* Particle Counter (Viable/Non-viable)
* Rear View Screen Adaptation or External Monitor and Keyboard (connected at the side with a mouse arm)
* Side Exhaust Connection
* Others, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 38 | Validation Documentation |  FAT Protocols SAT Protocols IQ/OQ Protocol* Biodecon Cycle Development
* Cleaning Coverage Validation
* Others, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 39 | Site Services | * Full Installation
* Commissioning
* Installation Qualification (IQ)
* Operational Qualification (OQ)
* Site Acceptance Test (SAT)
* User and Service Training
* Preventive Maintenance (PM)

*(If required, we will provide a proposal for travel cost and daily rate)* |