SECTION I:

|  |  |  |
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| **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:

|  |  |  |
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| **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  [ ] Both  Do 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:

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| **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)* |