SECTION I:

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

SECTION II:

|  |  |  |
| --- | --- | --- |
| **PROJECT INFORMATION** | | |
| 10 | URS Available | * Yes (please attach document) * No |
| 11 | Industry:  *(Please tick)* | Pharmaceutical/Biotech  Nuclear Medicine/ Radiopharmacy  Chemicals  Others, please specify: |
| 12 | Name of Project: |  |
| 13 | Location of Project (City, Country): |  |
| 14 | Deadline of Submission  of Quotations: |  |
| 15 | Delivery Date Required: |  |
| 16 | Application:  *(Please tick)* | Pharmacy Compounding  Radiopharmaceutical Compounding   * Radioisotope Dispensing (Generator-produced) * Radioisotope Dispensing (Cyclotron-produced)   Blood-cell Labeling  Research and Development  Biosafety Levels 3 and 4 (BSL 3 or 4) Laboratory  Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 17 | Brief Description of Application: |  |
| 18 | Brief Description of Process  Inclusive of the following points: | 1. Type of agents/products handled in the cabinet:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Quantity of agents/products handled in the cabinet:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Instruments/Equipment used to carry out process:   Radionuclide Generator - YES / NO  Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dose Calibrator - YES / NO  Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Particle Counter - YES / NO  Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Centrifuge:  Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rotor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RPM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Solid Waste Compartment – YES / NO  Others, please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Optional Accessories   Bio-decontamination System – YES / NO  Glove Leak Tester – YES / NO  Monitor Integration Set-up - YES / NO  PC Support - YES / NO  CCTV Integration/Monitor - YES / NO  Carbon Filter - YES / NO  Radiation Monitoring System - YES / NO |
| 19 | Protection:  *(Please tick one)* | * Operator protection * Product protection * Operator and product protection |
| 20 | Level of Need: | * Have an approved budget   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Preparing to submit a budget for approval * Gathering information for future reference |

SECTION III:

|  |  |  |
| --- | --- | --- |
| **CABINET SPECIFICATIONS INFORMATION** | | |
| 21 | Internal Width: |  |
| 22 | Internal Height: |  |
| 23 | Internal Depth: |  |
| 24 | Type of Cabinet |  |
| 25 | Lead-shielding Thickness: | *Please specify location and thickness of lead-shielding per location.*   * Cabinet Walls - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Front Window/Visor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Generator Compartment - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Dose Calibrator Compartment - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Waste Compartment - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Others –   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 26 | 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* |
| 27 | Lift Load:  Floor Load: | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 28 | Airflow System: | * Positive Pressure * Negative Pressure |
| * Recirculating * 100% Exhaust |
|  |
| 29 | Airflow Pattern: | Unidirectional  Turbulent |
| 30 | Construction Material: | Antimicrobial Powder-Coated Electrogalvanized Steel  Stainless Steel 304  Stainless Steel 304L  Stainless Steel 316L  Combination, Specify: |
| 31 | Control System: | * Standard Esco Sentinel Microprocessor * HMI/PLC |
| 32 | Parameters to Monitor  *(Tick All That Apply)* | Velocity  Pressure across filters  Temperature  Humidity  Pressure in isolator |
| 33 | Utility Requirement | * 100 VAC 50/60 Hz 1 Ph * 115 VAC 50/60 Hz 1 Ph * 230 VAC 50/60 Hz 1 Ph * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 34 | Validation Documentation: | FAT Protocols  SAT Protocols  IQ/OQ Protocol  Surrogate Powder Test as per ISPE |
| 35 | Site Services: | Full Installation  Installation Supervisor  Commissioning  *(If required, we will provide a proposal for travel cost and daily rate)* |