



DATE: \_\_\_\_\_

## I. ABOUT YOUR COMPANY

*\*Fields required to be filled out*

1. NAME\*

2. COMPANY\*

3. ADDRESS\*

4. EMAIL ADDRESS\*

5. WEBSITE

6. PHONE NUMBER AND EXTENSION

7. FAX

8. YOU WORK FOR\*

*(Please Tick)*

- End User/Facility Owner
- Cleanroom Builder/Contractor
- Lab Builder/Contractor
- Distributor

9. EXISTING ESCO EQUIPMENT

10. REPEATED ORDER

- Yes, SN:   No

## II. PROJECT INFORMATION

*\*Fields required to be filled out*

11. URS Available\*

- Yes (please attach document)
- No

12. Industry\*

*(Please Tick)*

- Pharmaceutical/Biotech
- Nuclear Medicine/ Radiopharmacy
- Chemicals
- Others, please specify:

13. Name of Project

14. Project Location

*(City, Country)\**

15. Unit/s Required\*

16. Deadline of submission for Tenders\*

17. Timeline for Purchase\*

18. Timeline for Installation\*

19. 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:

20. Brief Description of Application\*

21. Brief Description of Process\*  
Inclusive of the following points:

A) Radioisotopes handled in the cabinet:

  
  

B) Quantity of products handled in the cabinet:

  
  

C) Instruments/Equipment used to carry out the process:

Radionuclide Generator -  Yes  No

Brand:

Dose Calibrator -  Yes  No

Brand and Model:

Particle Counter -  Yes  No

Brand and Model:

Esco-supplied or Client-supplied:

Centrifuge:

Brand:

Rotor:

RPM:

Esco-supplied or Client-supplied:

Solid Waste Compartment –  Yes  No

Others, please specify:

D) 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

**22. Protection\***  
*(Please tick one)*

- Operator protection
- Product protection
- Operator and product protection

**23. Level of Need:**

- Have an approved budget (Indicate amount: )
- Preparing to submit a budget for approval
- Gathering information for future reference

### III. CABINET SPECIFICATIONS INFORMATION

*\*Fields required to be filled out*

**24. Internal Width\***

**25. Internal Depth\***

26. Internal Height\*

27. Type of Cabinet\*

28. Lead-shielding Thickness\*

Please specify the location and thickness of lead shielding per location.

- Cabinet Walls -
- Front Glass/Visor -
- Horizontal Chest Shield -
- Generator Compartment -
- Dose Calibrator Compartment -
- Waste Compartment -
- Others -

29. 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*

30. Lift Load:  
Floor Load:

*(It is mandatory to conduct full Site Assessment once project is confirmed)*

31. Airflow System\*

- Positive Pressure
  - Negative Pressure
- 
- Recirculating
  - Total Exhaust / Single-pass

32. Airflow Pattern\*

- Unidirectional
- Turbulent

<p><b>33. Construction Material:</b></p>	<p>Internal: <input type="text"/></p> <p>External: <input type="text"/></p> <p><input type="checkbox"/> Antimicrobial Powder-Coated ElectroGalvanized Steel</p> <p><input type="checkbox"/> Stainless Steel 304</p> <p><input type="checkbox"/> Stainless Steel 316L</p> <p><input type="checkbox"/> Combination, Specify: <input type="text"/></p>
<p><b>34. Control System:</b></p>	<p><input type="checkbox"/> Standard Esco Sentinel Microprocessor</p> <p><input type="checkbox"/> Industry Grade HMI/PLC</p>
<p><b>35. Parameters to Monitor</b> <i>(Tick All That Apply)</i></p>	<p><input type="checkbox"/> Velocity</p> <p><input type="checkbox"/> Pressure across filters</p> <p><input type="checkbox"/> Temperature</p> <p><input type="checkbox"/> Humidity</p> <p><input type="checkbox"/> Pressure in isolator</p>
<p><b>36. Utility Requirement</b></p>	<p><input type="checkbox"/> 100 VAC 50/60 Hz 1 Ph</p> <p><input type="checkbox"/> 115 VAC 50/60 Hz 1 Ph</p> <p><input type="checkbox"/> 230 VAC 50/60 Hz 1 Ph</p> <p><input type="checkbox"/> Other: <input type="text"/></p>
<p><b>37. Validation Documentation:</b></p>	<p><input type="checkbox"/> FAT Protocols</p> <p><input type="checkbox"/> SAT Protocols</p> <p><input type="checkbox"/> IQ/OQ Protocol</p> <p><input type="checkbox"/> Surrogate Powder Test as per ISPE</p>
<p><b>38. Site Services:</b></p>	<p><input type="checkbox"/> Full Installation</p> <p><input type="checkbox"/> Installation Supervisor</p> <p><input type="checkbox"/> Commissioning</p> <p><i>(If required, we will provide a proposal for travel cost and daily rate)</i></p>

**Important:** Save the completed PDF form (use menu File - Save).