PHARMACY COMPOUNDING QUESTIONNAIRE

DATE:

I. ABOUT YOUR COMPANY

**Fields required to be filled out*

1. NAME*

2. DESIGNATION*

3. COMPANY*

4. ADDRESS*

5. EMAIL*

6. WEBSITE

7. PHONE NUMBER AND EXTENSION*

8. FAX

9. YOU WORK FOR*

(Please Tick)

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

10. EXISTING ESCO EQUIPMENT*

11. REPEATED ORDER*

☐ Yes, SN: ☐ No

II. PROJECT INFORMATION

**Fields required to be filled out*

12. URS Available*

- ☐ Yes (please attach document)
- ☐ No

13. Industry*

- ☐ Hospital Pharmacy
- ☐ Pharmaceutical
- ☐ Outsourcing Facility
- ☐ Chemicals
- ☐ Research and Development
- ☐ Others, please specify:

14. Name of Project

15. Project Location (City, Country)*

16. Deadline of submission for Tender*	
17. Timeline of Purchase	
18. Timeline of Installation*	
19. Application/s*	☐ Sterile Pharmacy Compounding ☐ Non-sterile Pharmacy Compounding ☐ Hazardous Drug Compounding ☐ Radiopharmaceutical Compounding *For radiopharmaceutical applications, please refer to and use the "Radiopharmacy Equipment Questionnaire".* ☐ Sterility Testing ☐ Research and Development ☐ Others:
20. 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 :
21. Provide Site Plan/Floor Layout so that Esco can verify clearances are Sufficient for Installation/ Maintenance Access	*Please attach the site plan/floor layout together with this questionnaire.*
22. What standards do you follow?	
23. 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, brand/model: _____
  - ☐ No

24. For Non-sterile Pharmacy Compounding

- Type of Preparation
  - ☐ Tablets/Capsules
  - ☐ Oral Solutions/Suspensions
  - ☐ Dermatological Preparations
  - ☐ Others: _____
- Equipment Needed for the Process:

25. 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, Mecloretha mine, Thiotepa)
  - ☐ Yes
  - ☐ No

26. Protection (Tick All That Apply)

- ☐ Operator protection
- ☐ Product protection
- ☐ Environmental protection

27. Level of Need

- ☐ Have an approved budget (indicate: _____)
- ☐ Preparing to submit a budget for approval
- ☐ Gathering information for future reference

III. CABINET SPECIFICATIONS INFORMATION

**Fields required to be filled out*

28. Internal Width*

29. Internal Depth*

30. Internal Height*

31. Type of Cabinet*

- ☐ Open Front
- ☐ Closed-system/Isolator

32. Pressure Mode*

- ☐ Positive Pressure
- ☐ Negative Pressure
- ☐ Required Pressure, please specify per chamber:

33. Airflow Circulation*

- ☐ Recirculating
- ☐ Total Exhaust

34. Airflow Pattern*

- ☐ Unidirectional
- ☐ Turbulent

35. Construction Material

(Indicate if interior or exterior material of construction)

Specify the preferred material of construction:

Internal:

External:

- ☐ Antimicrobial Powder-Coated Electrogalvanized Steel
- ☐ Stainless Steel 304
- ☐ Stainless Steel 316L
- ☐ Others, specify:

36. Control System

- ☐ Standard Esco Sentinel Microprocessor
- ☐ Industry Grade HMI/PLC

37. Parameters to Monitor (Tick All That Apply)

- ☐ Velocity
- ☐ Pressure across filters
- ☐ Temperature
- ☐ Humidity
- ☐ Pressure in isolator
- ☐ Others, Specify:

38. 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:

39. Optional accessories

- ☐ Electrical outlets, indicate the Type Code and Power/ Current Rating Required:
  - ☐ N_2
  - ☐ Drain Connection
  - ☐ WFI/PW
  - ☐ Compressed Air
  - ☐ 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:

40. Validation Documentation

- ☐ FAT Protocols
- ☐ SAT Protocols
- ☐ IQ/OQ Protocol
- ☐ Biodecon Cycle Development
- ☐ Cleaning Coverage Validation
- ☐ Others, please specify:

41. Site Services

- ☐ Full Installation
- ☐ Commissioning
- ☐ Site Acceptance Test (SAT)
- ☐ User and Service Training
- ☐ Installation Qualification (IQ)
- ☐ Operational Qualification (OQ)
- ☐ Preventive Maintenance (PM)

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

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