SECTION I:

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| --- |
| **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 / NOBrand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose Calibrator - YES / NOBrand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Particle Counter - YES / NOBrand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Centrifuge:Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rotor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RPM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Solid Waste Compartment – YES / NOOthers, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Optional Accessories

Bio-decontamination System – YES / NOGlove Leak Tester – YES / NOMonitor Integration Set-up - YES / NOPC Support - YES / NOCCTV Integration/Monitor - YES / NOCarbon Filter - YES / NORadiation 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:

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| **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)* |