PHARMACY COMPOUNDING QUESTIONNAIRE

ESCO HEALTHCARE | *"Discovery to Delivery"*

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*	☐ Pharmaceutical/Biotech ☐ Laboratory Animal Research ☐ Micro-electronics ☐ Others, please specify: ☐ Semiconductors ☐ Spray Painting
14. Name of Project	
15. Project Location (City, Country)*	

16. Deadline of submission for Tender*	

17. Timeline for Purchase	

18. Timeline for Installation*	

19. Level of Need*

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

20. Application/s*

Respond only to fields that are applicable to your products, processes, or application details.

- ☐ 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:

21. 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 :

22. 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.

23. What standards do you follow?

24. 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
25. For Non-sterile Pharmacy Compounding	• Type of Preparation ☐ Tablets/Capsules ☐ Oral Solutions/Suspensions ☐ Dermatological Preparations ☐ Others: • Equipment Needed for the Process:
26. For Sterile Pharmacy 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
27. Protection (Tick All That Apply)	☐ Operator protection ☐ Product protection ☐ Environmental protection

III. CABINET SPECIFICATIONS INFORMATION

28. Internal Width*	
29. Internal Depth*	
30. Internal Height*	
31. Level of Need*	☐ 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. Airflow Pattern* *(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 ☐ Humidity ☐ Pressure across filters ☐ Pressure in isolator ☐ Temperature ☐ Others, Specify:

38. Internal Dimension options (WxDxH)*	☐ 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$_2$ ☐ Compressed Air

☐ Drain Connection   ☐ Exhaust Duct Connection

☐ WFI/PW   ☐ 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   ☐ Biodecon Cycle Development

☐ SAT Protocols   ☐ Cleaning Coverage Validation

☐ IQ/OQ Protocol   ☐ Others, please specify:

41. Site Services

☐ Full Installation   ☐ Biodecon Cycle Development

☐ Commissioning   ☐ Cleaning Coverage Validation

☐ Site Acceptance Test (SAT)   ☐ Others, please specify:

☐ User and Service Training

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

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