

2010 Enclosure Decontamination Survey

Complete one (1) form for each decontamination application at your facility. Please note that your answers to this survey will be kept in strict confidence. If you have received a survey and may not be the responsible person for answering questions related to each application, please forward a blank survey to the appropriate personnel or notify us and an additional survey will be provided for their use.

Name:
Title:
Company:
Address:
Phone:
E-mail:
Description of Application:
Enclosure volume:
Type of decontamination agent: $\square H_2O_2 \square ClO_2 \square PAA \square Other$
Generator vendor:
Generator type: Portable Integrated
Generator model:
Number of generators used for application:
Number of years that equipment has been in service:
Gas Distribution Technique:
Is sterilant EPA registered?
Validated BI kill time:
Validated aeration time:
Aeration residue level: ppm ppb
Total cycle time: hours

Confidential Page 1 of 2



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Sterilant monitor used: Yes No
If "Yes", please describe (low level, high level, both, type):
Do you have any concerns with your current decontamination method (check all that would apply)? Cycle time Compatibility Product stability Equipment Cost Sterilant cost Other:
Have there been any material compatibility issues to date?
If "Yes", please describe:
Has product stability required aeration to lower sterilant levels?
Were any decontamination issues expressed to your firm upon inspection/audit of your application? Yes No
If "Yes", please describe:
If a "next generation" decontamination technology were available, what attribute(s) would weigh heavily in your purchase decision-making process (check all that would apply)?
☐ Better turn-around time ☐ Parametric control ☐ Material compatibility ☐ Cost
☐ Safety ☐ Ease of validation ☐ Product stability ☐ Other
Validation preference for new generator system:
Are you considering the purchase of a new generator in the next 1-2 years?
Would your firm consider participating in a Beta Site Study? Yes No

Confidential Page 2 of 2