

Company:			
Address:			
Cleanroom Locations (if different):			
Primary Contact Name:		Title:	
Phone Number:		Email:	

Section 1: CLEANROOM DETAILS				
Room Name(s) <small>*Include Gowning Room(s)</small>	ISO Class	Square Footage	Ceiling Height	HEPA Quantity

Section 2: REQUESTED TESTING (Check all that apply)				
	Non-viable Particle Counts (0.5 microns)*			
<small>* If additional particle sizes are required, please indicate in Section 3</small>				
	Room Pressure Differential; Temperature and Humidity Levels			
	HEPA Filter Integrity Leak Test			
	HEPA Filter Volume & Velocity			
	Air Changes Per Hour Reported			
	Microbial Air and Surface Samples (Viable Particulate)*			
<small>* Please indicate sample quantities in Section 3</small>				
	Magnehelic Gauge Verification/ Calibration			
<small>* Please indicate number of gauges in Section 3</small>				
	Room Recovery Rate Calculations			
	Compressed Air Testing			
	Biological Safety Cabinet/ Fume Hood/ Flow Bench Calibration & Certification			
Testing Frequency:				
Qualification (IQ, OQ, PQ)	Monthly	Quarterly	Semi-Annually	Annually

Section 3: Testing Quantities				
<small>*Additional Non-viable Particulate Sizes (0.5 µm included)</small>	0.3	1.0	2.5	5.0
<small>*Quantity of Viable Air Samples</small>	<small>*Quantity of Viable Surface Samples</small>			
<small>*Number of Magnehelic Gauges</small>				