



**Cleanroom Environment Client Questionnaire**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cleanroom Locations (if different): \_\_\_\_\_

\_\_\_\_\_

**TYPES OF TESTS** needed to be performed (indicate specific test; check desired frequency)

\_\_\_\_\_ **Particle Counts and Room Pressure Differential**

**Check:**  monthly  quarterly  semi-annually  annually

\_\_\_\_\_ **Temperature and Humidity Levels**

**Check:**  monthly  quarterly  semi-annually  annually

\_\_\_\_\_ **HEPA Filter Integrity Leak Test**

**Check:**  monthly  quarterly  semi-annually  annually

\_\_\_\_\_ **Air Changes Per Hour Reported**

**Check:**  monthly  quarterly  semi-annually  annually

\_\_\_\_\_ **Microbial Testing**

**Check:**  monthly  quarterly  semi-annually  annually

How many airborne samples:

How many surface samples:

Existence of High-risk Hoods/Rooms:

\_\_\_\_\_ **Magnetic Gauges to be Verified and/or Adjusted**

Number of Gauges:

\_\_\_\_\_ **Compressed Air Systems**

Number of Testing spots: \_\_\_\_\_

Cleanroom Class \_\_\_\_\_

**CLEANROOM DETAILS**

Room Name	Square Ft.	Ceiling Height	ISO Classification

**HEPA FILTER – CLEANROOM CEILING DETAILS**

Room Name	# of Filters	Filter Type*	Filter Size (e.g. 4x4, 2x4, 2x2)

\* Type A: Ceiling/Fan-Powered; Type B: Ceiling/Ducted; Type C: Ceiling/Fan-powered/Ducted; Type D: Ducted/In-line

**HOOD DETAILS**

Room Name	# of Hoods	Make/Model	Cabinet Type	Exhaust Type

**CLEAN ENVIRONMENT – TECHNICAL INFORMATION**

- Name of manufacturer/ builder who installed cleanroom:  
\_\_\_\_\_
- Product being manufactured in each controlled environment:  
\_\_\_\_\_
- Following USP 797/ 800 (check):      YES                  NO
  - *If yes*, is this area used for immediate-use compounding?      YES      NO
- Specific chemicals or biohazards to be aware of before arriving on site:  
\_\_\_\_\_
- Is in-house, compressed air available at your facility?                  YES                  NO
- Ceiling Type (circle)                  Ceiling tiles                  Hard Ceiling
  - *If room* has hard ceiling, are there access panels (circle):      YES                  NO
  - Location of access panels: \_\_\_\_\_

***If the HEPA filters are Ceiling-Mounted, Ducted, or In-line, please answer the following:***

- Location of air handler unit: \_\_\_\_\_
- What is the optimal access for the air unit? \_\_\_\_\_
- Air handler dedicated only to the controlled environment (circle):      YES                  NO
- HEPA filters (circle):      Hard-Ducted                  Flex-Ducted                  Other: \_\_\_\_\_
- Smoke detectors present in the ducts or air handling units: \_\_\_\_\_

Additional Details, as desired:

Please return this completed form to [info@ot-cleanroomtesting.com](mailto:info@ot-cleanroomtesting.com)