



CLEAN AIR TECHNOLOGY, INC.

41105 Capital • Canton MI 48187 • Tel 734-459-6320 • Fax 734-459-9437

e-mail: rkos@cleanairtechnology.com

PHARMACY IV ROOM UPGRADE PLANNING GUIDE-USP 797

(This guide provides us with the necessary information to prepare a realistic quote)

A) CUSTOMER INFORMATION

DATE: _____

1. COMPANY / HOSPITAL _____

2. ADDRESS _____

CITY/STATE _____

3. PROJECT NAME _____

4. PROJECT ADDRESS _____

NEAREST MAJOR CITY: _____

5. PHARMACY DIRECTOR _____

6. PHONE _____ FAX _____ e-mail _____

7. DESIRED COMPLETION DATE _____

B) ROOM DESIGN PARAMETERS

1. PROCESS TO BE PERFORMED IN ROOM: _____

IV Addivities: _____ Other: _____

2. CLEANLINESS CLASSIFICATION PER FEDERAL STANDARD 209E (CIRCLE CLASS THAT APPLIES)

CLASS 100 CLASS 1,000 CLASS 10,000 CLASS 100,000 NOT SURE

PREFERRED AIRFLOW THROUGH ROOM? VERTICAL (CEILING TO FLOOR) _____ HORIZONTAL _____

4. HEAT LOAD GENERATED BY EQUIPMENT IN IV ROOM(S) (kW, BTU/HR), or hp _____

5. NUMBER & SIZE OF CLEANBENCHES _____

6. NUMBER OF PEOPLE WORKING IN ROOM. _____

7. AIRLOCK /CHANGE ROOM REQUIRED. YES _____ NO _____

C) IV ROOM DETAILS

1. ROOM SIZE (PLEASE ATTACH FLOOR PLAN IF AVAILABLE)

AIRLOCK/CHANGE ROOM: ___W X ___L X CEILING HEIGHT _____

CLEANROOM (#1): ___W X ___L X CEILING HEIGHT _____

CLEANROOM (#2): ___W X ___L X CEILING HEIGHT _____

2. ADDITIONAL AIRLOCK SIZE:

3. DOOR(S) QTY _____ SIZE: _____

MATERIAL: ANODIZED ALUMINUM _____ PVC CURTAIN _____

4. FLOORING PREFERENCE: USE EXISTING _____ PVC SHEET VINYL _____

D) SITE INFORMATION

1. LOCATED ON _ FLOOR OF _____ STORY BUILDING _____ FT. FROM OUTSIDE WALL.

PLEASE PROVIDE PLAN /SKETCH OR ENCLOSE DRAWINGS OF PROPOSED IV ROOM