



Survey Instructions:

Please take a few minutes to complete our Enclosure Decontamination Survey.

Upon completion, e-mail the survey to gpartington@walkerbarrier.com.

Your responses will be confidential.

Thank you for your participation.

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See us at ISPE Washington Conference
June 7-9



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: _____ ft³ m³

Type of decontamination agent: H₂O₂ ClO₂ PAA 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: Turbulent Unidirectional Combination

Is sterilant EPA registered? Yes No

Validated BI kill time: _____

Validated aeration time: _____

Aeration residue level: _____ ppm ppb

Total cycle time: _____ hours



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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? Yes No

If "Yes", please describe: _____

Has product stability required aeration to lower sterilant levels? Yes No N/A

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: Internal Vendor Consultant
 Combination

Are you considering the purchase of a new generator in the next 1-2 years? Yes No

Would your firm consider participating in a Beta Site Study? Yes No