



F03-P12

Cleanroom Validation/Certification Request Form



For ease of response and to save paper, this form can be completed digitally (on a computer) and does not need to be printed.

Company Profile

Company Name				postal code	
Managing Director's Name		Company Phones		National ID	
Contacts Names		Mobile Contacts		Economic Code	
Clean Room Address					
Office Address					
Email address for sending electronic results and invoices					

*Completion of the following section is required

Applicant *			
Address*			
E mail*			
Phone Number*		Customer name *	
Product Name *		Batch Number*	

Clean Room Specifications

Requested Test:	PQ <input type="checkbox"/> OQ <input type="checkbox"/> DQ <input type="checkbox"/> IQ <input type="checkbox"/>	A brief description of the products produced in the cleanroom:	
Number of rooms:			
Total area of cleanroom:			
Cleanroom Status:	At Work <input type="checkbox"/>	At Rest <input type="checkbox"/>	At Build <input type="checkbox"/>
Cleanroom Hazard Class:	ISO5(100) -A <input type="checkbox"/>	Upload your map here	
	ISO6(1000)-B <input type="checkbox"/>		
	ISO7(10000)-C <input type="checkbox"/>		
	ISO8(100000)-D <input type="checkbox"/>		
Number of fume hoods in the cleanroom:			
fume hood Type:			
Number of Personnel in the Cleanroom:			
Filter Replacement Date:			
Description:			

Seal and signature of the company

Customer's Name:

On:



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