

Environmental Monitoring Test Request Form



Ship samples and completed form to: **STERIS • 9303 West Broadway Ave • Brooklyn Park, MN 55445 • (763) 315-1200**

Customer Information	Company:	Bill to Company:
	Street Address:	PO / Last 4 Credit Card #:
	City, State ZIP:	Quotation # (if known):
	Contact Person:	E-mail Report to:
	Phone:	

Sampling Information	Bldg/ Clean Room / Clean Bench ID:
	Test Condition:
	Room Condition:
	Test Purpose:
	Testing Performed By: Date Collected:

Test Type	Media Type	Sample Qty	Time / Volume / Area	Incubation Conditions <small>(List alternate incubation below)</small>	Alert Limit (CFU)	Action Limit (CFU)
BM/01a: Contact Plate (1 incubation) BM/01b: Contact Plate (2 incubations)			NA	1: 30 - 35 °C for 3 - 5 days 2: 20 - 25 °C for 2 - 4 days		
BM/02a: Settle Plate (1 incubation) BM/02b: Settle Plate (2 incubations)			Time:	1: 30 - 35 °C for 3 - 5 days 2: 20 - 25 °C for 2 - 4 days		
BM/03a: Air Impact (1 incubation) BM/03b: Air Impact (2 incubations)			Volume:	1: 30 - 35 °C for 3 - 5 days 2: 20 - 25 °C for 2 - 4 days		
BM/04a: Compressed Air (1 incubation) BM/04b: Compressed Air (2 incubations)			Volume:	1: 30 - 35 °C for 3 - 5 days 2: 20 - 25 °C for 2 - 4 days		
BM/05a: Swab Enumeration (1 incubation) BM/05b: Swab Enumeration (2 incubations)			Area:	1: 30 - 35 °C for 3 - 5 days 2: 20 - 25 °C for 2 - 4 days		

Additional Instructions	
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Approval	By signing and dating below, I acknowledge I have read, understand and accept STERIS TERMS AND CONDITIONS
	<hr/> Signature (testing cannot proceed without signature and date) Date

STERIS ONLY	Date Received:	Sample #(s):
	Received By:	