

# Customer EO Process Request

**Instructions:** Please complete the information in this form, attach any relevant documents, and *include this form with each load*. If information is not complete, or conflicts with pallet identification, STERIS will attempt to contact you before placing product and process on hold. [ ] are  Check boxes. If you have any questions please call.

### Customer information

(Note: Enter for person who will be contacted for processing delays, paperwork questions/issues)

Company Name	_____	Contact Person	_____
Phone Number	_____	After Hours Phone	_____
Ship To Address	_____	Contact email address	_____

### RECEIVING, TRACEABILITY and PROCESSING INFORMATION

[ ] STERIS Truck      [ ] COURIER    [ ] 2X processing    [ ] 3X processing

[ ] Special Processing Request – WI-00863 Form 4

Customer Cycle/ Specification	_____	Chamber	_____
Scheduled Arrival Date	_____	Product Lot Number*	_____
PO Number	_____	Number of Pallets	_____

\*NOTE: If more than 20 number of characters(number/letters/spaces and dashes) are used for Product Lot Number-Multiple will be used as the lot# for processing this form will keep the traceability.

### Shipping Information

[ ] STERIS Delivery Truck                      [ ] Contact Customer to schedule delivery or pickup

[ ] Schedule Delivery with \_\_\_\_\_ Account # \_\_\_\_\_

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### STERIS to complete:

Receiving Review (initials) \_\_\_\_\_ STERIS Lot Number \_\_\_\_\_

ODMS EO Run ID: 1092- \_\_\_\_\_ Shrink-wrapped Pallet Covering [ ] Yes [ ] No