

Customer EO Process Request

380 90th Ave NW, Coon Rapids, MN 55433
763.786.2929
www.steris.com

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

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

RECEIVING, TRACEABILITY and PROCESSING INFORMATION

STERIS Truck COURIER

Special Processing Request – PROC 00863 Form 4

Customer Cycle/ Specification _____ Chamber _____
Scheduled Arrival Date _____ Product Lot Number _____
PO Number _____ Pallet Quantity _____

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 _____

Scheduled Run Date: _____ ODMS Load ID: _____