BORATORIES 610-433-1533

PO BOX 20247

Lehigh Valley, PA 18002-0247

1-888-377-1533

FAX: 610-433-1522

Page 1 of 7

Testing Work Performed By:

Technician

Test Report #: 2008-DRS-XXXX

Date: 05SEP2008

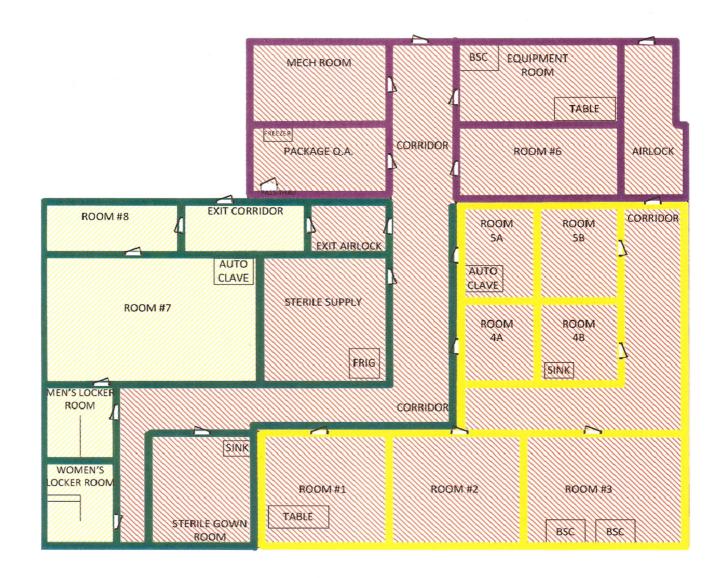
Client: Client Name

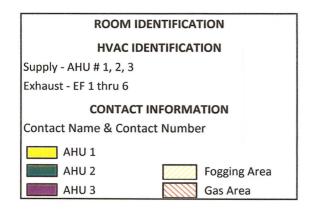
Address: Client Address

City, State, ZIP

Decon Service Location: Bldg XXX

Attn: **Client Contact**





PO BOX 20247

R S Lehigh Valley, PA 18002-0247

TORIES 610-433-1533

1-888-377-1533

FAX: 610-433-1522

Page 2 of 7

Testing Work Performed By:

Technician

Test Report #: 2008-DRS-XXXX

Date:

05SEP2008

Client:

Client Name

Address:

Client Address

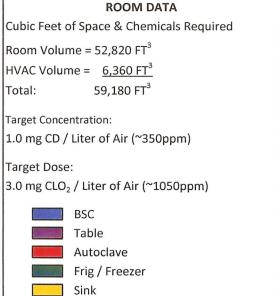
City, State, ZIP

Decon Service Location: Bldg XXX

Attn:

Client Contact





PO BOX 20247

S Lehigh Valley, PA 18002-0247

RATORIES 610-433-1533

1-888-377-1533

FAX: 610-433-1522

Page 3 of 7

Testing Work Performed By:

Technician

Test Report #: 2008-DRS-XXXX

Date:

05SEP2008

Client:

Client Name

Address:

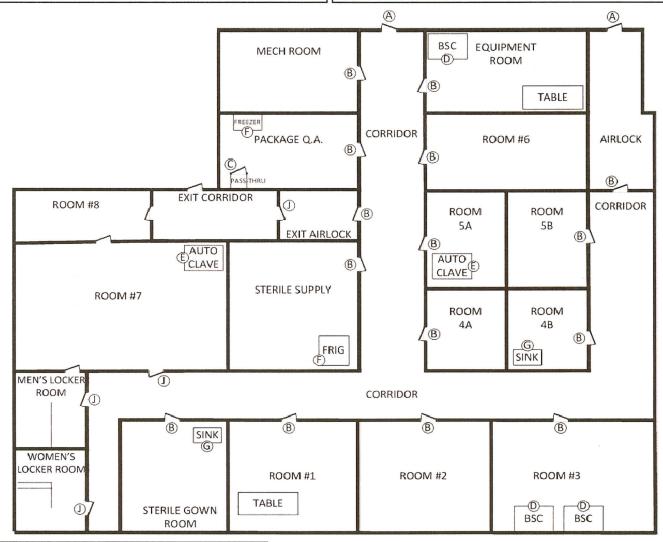
Client Address

City, State, ZIP

Decon Service Location: Bldg XXX

Attn:

Client Contact



SUPPLY & EXHAUST SEAL LOCATIONS ROOM SEAL LOCATIONS

- A Seal Perimeter Doors
- B Open All Internal Doors
- C Open Pass Thru
- D All BSC Operational
- E Open Autoclave
- F Open All Frig / Freezers
- G Sink Drain Flushed with CD Solution
- H Sealed (On Roof) AHU # 1, 2, 3 Goosenecks
- I Sealed (On Roof) EX Fans 1-6
- J Seal Doors for Fogging

All Remaining Items Opened And Stacked

For Proper Gas Contact

PO BOX 20247

R S Lehigh Valley, PA 18002-0247

TORIES 610-433-1533

1-888-377-1533

FAX: 610-433-1522

Page 4 of 7

Testing Work Performed By:

Technician

Test Report #: 2008-DRS-XXXX

Date: 05SEP2008

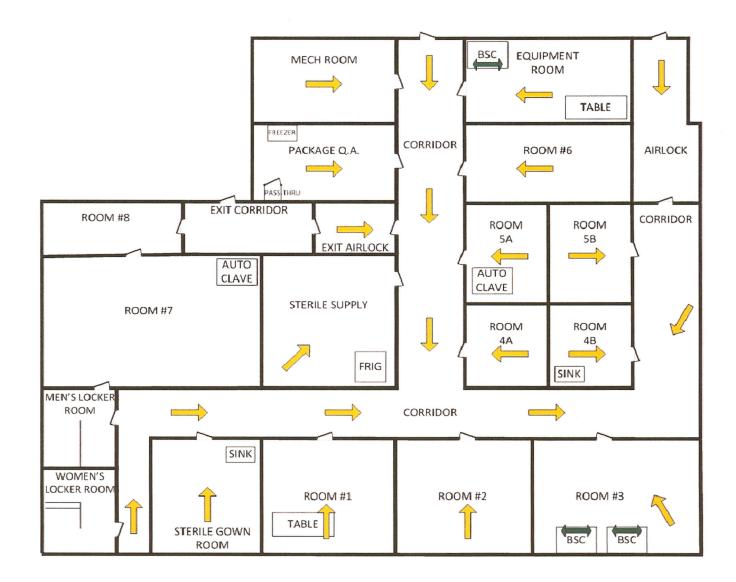
Client: Client Name

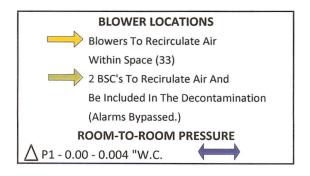
Address: Client Address

City, State, ZIP

Decon Service Location: Bldg XXX

Attn: Client Contact





PO BOX 20247

Lehigh Valley, PA 18002-0247

TORIES 610-433-1533

1-888-377-1533

FAX: 610-433-1522

Page 5 of 7

Testing Work Performed By:

Technician

Test Report #: 2008-DRS-XXXX

Date:

05SEP2008

Client:

Client Name

Address:

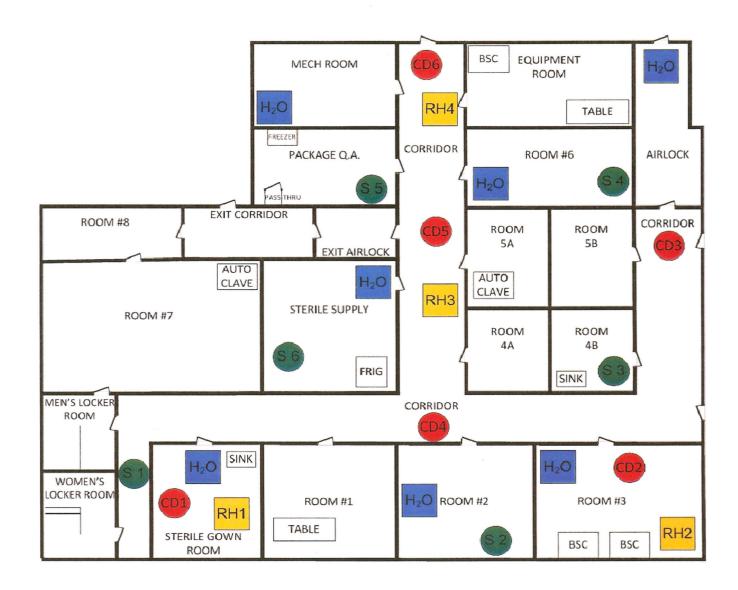
Client Address

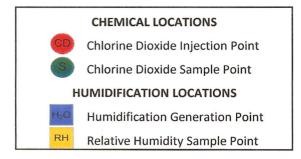
City, State, ZIP

Decon Service Location: Bldg XXX

Attn:

Client Contact







PO BOX 20247

Lehigh Valley, PA 18002-0247

TORIES 610-433-1533

1-888-377-1533

FAX: 610-433-1522

Page 6 of 7

Testing Work Performed By:

Technician

Test Report #: 2008-DRS-XXXX

Date:

05SEP2008

Client:

Client Name

Address:

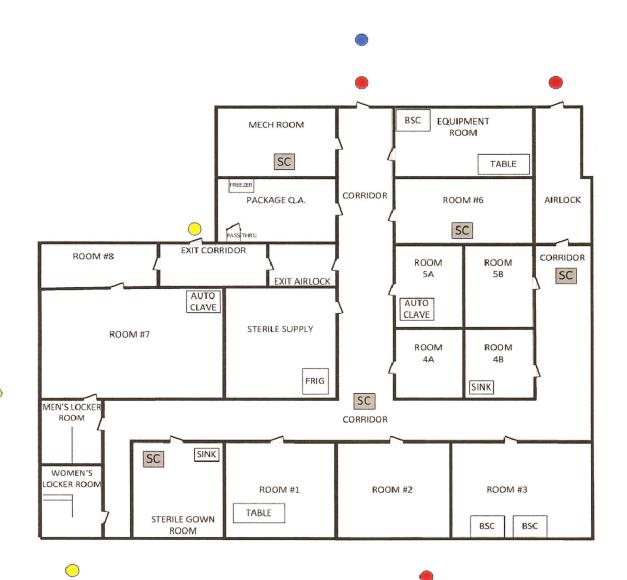
Client Address

City, State, ZIP

Decon Service Location: Bldg XXX

Attn:

Client Contact



POSTING LOCATIONS Gas Signage Location Fogging Signage Location

GAS MONITORING LOCATIONS

Ambient CIO₂ Concentrations (mg/L)

Gas Monitoring - Concentration

SCRUBBER LOCATIONS

SC

Scrubber

PO BOX 20247

Lehigh Valley, PA 18002-0247

TORIES 610-433-1533

1-888-377-1533

FAX: 610-433-1522

Page 7 of 7

Testing Work Performed By:

Technician

Test Report #: 2008-DRS-XXXX

Date:

05SEP2008

Client:

Client Name

Address:

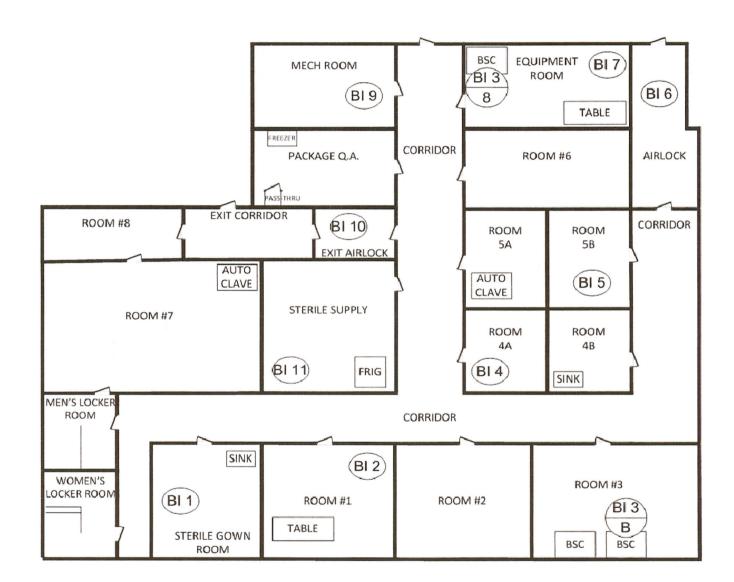
Client Address

City, State, ZIP

Decon Service Location: Bldg XXX

Attn:

Client Contact



BIOLOGICAL INDICATOR LOCATIONS

Total of (13) Bacillus atrophaeus 10⁶ ATCC[#]9372

- (9) BI's Within Space
- (2) BI's Within BSC
- (2) Controls

KEY:

B - Inside BSC