



## Food Industry Disinfection Assessment Sheet

**COMMERCIAL IN CONFIDENCE**

**FAX BACK TO +44 (0)1252 407501**

### CUSTOMER DETAILS

Company Name	
Address	
Tel. No.	
Fax No.	
Email Address	
Contact Name	
Products	

### DETAILS OF SITE

Rooms to be Treated	Room 1	Room 2	Room 3	Room 4	Room 5
Approx. Room Volume (m <sup>3</sup> )					
Approx. Air Changes (m <sup>3</sup> /hr)					
Air Temperature ( °C)					
Air Humidity (%RH)					
Room Air Pressure (+ve, -ve, ambient)					
Existing Air Ventilation/Circulation Type?					
Air Filtration Type?					
Current Cleaning Regimes					
Current Shift Patterns/Times	Production				
	Cleaning				

### PROCESS OBJECTIVES

Current microbial level after cleaning					
Target microbial level					
Current Test Method					
Where are samples taken?					
When are samples taken?					
Frequency of testing					
Type of contamination					
Likely reason/source					
Other Information					

### PRODUCTS TO BE TREATED

Product Type					
If product is exposed to ozone, how long is exposure					