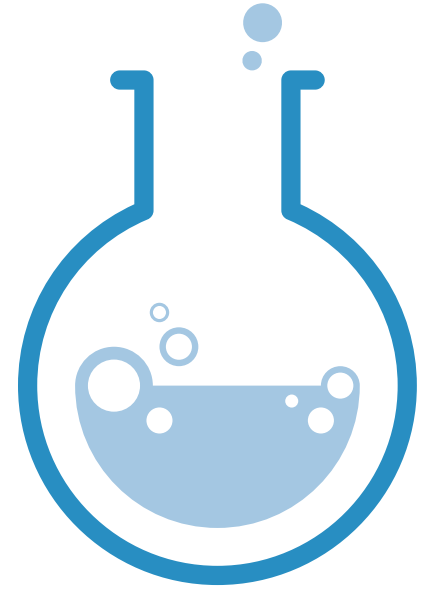

CUSTOM CLEANING EVALUATION



SUBMISSION FORM

Directions for Completing the Evaluation Form:

The information we gather in this submission form will help us to better replicate your soiling and cleaning processes in our laboratory. Please complete the form as thoroughly as possible. Attach other pages or support information as appropriate.

CONTACT INFORMATION

Submission Date:		Primary Contact:	
Company Name:		Phone (Office):	
Address:		Phone (Mobile):	
		E-mail	
		Alternate Contact:	
		Phone	
Country:		E-mail	

OBJECTIVES

Dober wants to ensure that we tailor the cleaning process to meet your goals. Please check the goals for improving the cleaning process.

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Reduce labor associated with cleaning | <input type="checkbox"/> Move to automated cleaning - if yes, please specify type: |
| <input type="checkbox"/> Eliminate re-cleaning | <input type="checkbox"/> Address a difficult residue - if yes, please describe: |
| <input type="checkbox"/> Increase capacity | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Eliminate usage of solvents in cleaning | |

SAMPLE & RESIDUE INFORMATION

Please choose up to three products or formulations for evaluation.

- Please be as specific as possible. (Example: If listing an enteric coating polymer, please include the specific type/formula). If exact component amounts cannot be provided, please give an approximate range (Example: 10%-20%).
- If applicable, please submit the SOP for the cleaning process, the manufacturing process or the sample preparation that need to be communicated.
- SDS required for each product submission.
- Sample Submission - 500g of final formulation is required for testing.
- Sample Storage Temperature: _____ °C

EXAMPLE: PRODUCT/FORMULATION SAMPLE

Component Name	Amount to be Used	% Total in Formula
Eudragit L100	100g	6.250%
Talc	50g	3.125%
TEC	10g	0.625%
IPA	1440g	90%

PRODUCT/FORMULATION SAMPLE 1 NAME:

Component Name	Amount to be Used	% Total in Formula

PRODUCT/FORMULATION SAMPLE 2 NAME:

Component Name	Amount to be Used	% Total in Formula

PRODUCT/FORMULATION SAMPLE 3 NAME:

Component Name	Amount to be Used	% Total in Formula

EQUIPMENT TO BE CLEANED

Equipment Name/Type	Size (e.g. capacity and/or dimensions)

Do you campaign production? Yes No

If Yes, how many batches/lots are produced before a thorough cleaning? _____

What is the maximum time equipment remains soiled before it is cleaned? _____ hrs _____ mins

CURRENT CLEANING PROCESS AND CAPABILITIES

Please list current detergent, concentration, temperature and number of cycles:

Detergent	
Number of Cleaning Cycles	
Concentration (%)	
Time/Temperature (Min/°C)	

How often are you cleaning? Daily Weekly Monthly Other _____

What is your current cleaning process? Please describe including types of cleaning equipment used:

Manual (Examples: Scrubbing, Wand Sprayer) _____

CIP (Examples: Static vs. Dynamic Spray Balls; etc.) _____

COP (Examples: Cabinet Washer, COP Bath, Ultrasonic Bath, etc.) _____

Other _____

Do you have hot water capabilities? Yes No

What temperature range is available to you for cleaning? _____ °C – _____ °C

Can your system maintain temperature? Yes No

If hot water is not available in-line, can it be heated manually and brought in? Yes No

Can you change temperature during cleaning cycle? Yes No

Are there regulatory or discharge requirements we should be aware of? (Example: pH Limits, wastewater limitations, neutralization requirements)

What analytical methods are currently being used for cleaning validation?

List any additional product characteristics, comments or information. Submit photos of your product residue and equipment to be cleaned, when possible.

NEXT STEPS

Submit this completed form to chematic@dober.com. Upon submission, you will receive an invitation for a call with the Chematic Lab to discuss the information provided.

SHIPPER LABEL

Send samples to:

**Dober Innovation & Technology Center
Attn: Chematic® Division
11230 Katherine's Crossing, Suite 100
Woodridge, IL 60517**