PRODUCT TESTING INFORMATION FORM

(PLEASE PROVIDE APPROPRIATE INFORMATION)

Company:		Date:	
Product Name:		Model #:	
Contact:		Date Available:	
WorkPhone:		Target Completion Date:	
Cell Phone:		E-mail:	
Brief Description of Unit:			

Type of testing to be performed:

- ☐ EPA Guide Standard and Protocol for Testing Microbiological Water Purifiers.
- ☐ NSF P231 (Microbial Challenge Only)
- ☐ NSF P248
- ☐ NSF/ANSI Standard 42 Bacteriostasis
- ☐ NSF/ANSI Standard 42 Particle Reduction
- ☐ NSF/ANSI Standard 53 Cyst Test
- ☐ NSF/ANSI Standard 55 (Class ☐ A or ☐ B) Microbiological Performance (☐ with) (☐ without) UV Alarm Test
- ☐ NSF/ANSI Standard 62 (Microbiological Reduction)
- ☐ R&D Testing: _____

GLP Statement:

Is this study to be conducted under 40 CFR Part 160 (FIFRA) GLP? ☐ Yes ☐ No

If yes, please attach a signed statement stating your commitment to this type of study.

No GLP work can be performed until the signed statement is received.

General Information:

Capacity of unit: _____ (☐ Gal or ☐ Liter).

Void volume of the unit: _____ (☐ Gal or ☐ Liter or ☐ mL)

Flow rate of unit at 60 psig dynamic: _____ (☐ Gal or ☐ Liter or ☐ mL / min)

Is BioVir to set flow rate? ☐ Yes ☐ No If yes, at what rate _____ (☐ Gal or ☐ Liter or ☐ mL / min)

Challenge organisms: (Some Protocols include options for testing)

- ☐ As required by Standard
- ☐ *E. coli* ☐ *R. terrigena* ☐ MS-2 phage ☐ Polio & Rota virus
- ☐ Cryptosporidium Oocyst ☐ Microsphere ☐ Other: _____

Neutralization of effluent samples required (if applicable)? ☐ Yes ☐ No

If yes, what neutralizer and concentration/volume: _____

Disposition of units at end of testing: ☐ Return ☐ Discard

Returned filters must be sanitized. Autoclave ok? ☐ Yes ☐ No

If no, what is an appropriate disinfectant and concentration: _____

Should leftover supplies be returned: ☐ Yes ☐ No

If yes, please provide shipping account and method of shipment: _____

Please attach any other special instructions.