

# TCA Project Questionnaire



## Contact Information:

Company: \_\_\_\_\_ Project Timeframe: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

## Project Details:

1. Type and Volume of Sterile Compounding
  - a. Chemo Yes \_\_\_ or No \_\_\_ Number per day \_\_\_\_\_  
Hood Size L \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_
  - b. Regular Yes \_\_\_ or No \_\_\_ Number per day \_\_\_\_\_  
Hood Size(s) L \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_  
L \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_  
L \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_
2. Number of staff working in Clean Room \_\_\_\_\_
3. Location/Floor Plan for Clean Room:
  - a. Please provide a floor plan and digital pictures. **Email: info@travisca.com**
4. Floor type and condition \_\_\_\_\_  
Note: A seamless floor is required in order to comply with USP 797 and will need to be installed prior to our arrival.
5. Pharmacy Location: (Basement, First Floor, etc.) \_\_\_\_\_
6. Space allotted for the cleanroom L \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_
7. If space has a drop ceiling, please include space above \_\_\_\_\_
8. Building Restrictions? \_\_\_\_\_
9. How did you hear about Travis Cleanair, Inc.? \_\_\_\_\_

**Upon completion, please fax to 970.461.1388 -or-  
email: info@travisca.com**