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| **Questionnaire on your problem / your question** |
|  |
| For the processing, we kindly ask you to return the completed questionnaire to the processing company. By returning the questionnaire, you confirm that the companies involved in the process (from the questionnaire) may exchange the data with each other in order to ensure the best possible solution process. |
|  |
| 1. **Contact Information**
 |
| Contact Person: | *Surname:*      | *First name:*      | *Date:*      |
|   | *Tel No.:*       | *Email:*      |
| Address: | *Name of Institution:* | *Department:*      |
|   | *Street:*       | *No.:*      |
|  | *Zip Code:*      | *City:*      | *Country:*      |
| 1. **Product Information (if applicable to the return shipment)**
 |
| Product / Type:      |
| Article No.:      | Order No.:      |
| Age of product:      | LOT/SN (if applicable):      |
| Please describe the error image (also information about material, specific product groups, etc.) or the examination to be carried out in a few words (if possible, attach photo material of the product) |
|        |
|        |
| 1. **Description of the situation**
 |
| **Detailed description of the problem:** |
| Type of problem: | Residue [ ]  | Coloration [ ]  | Corrosion [ ]  | Cracks / Breaks [ ]  |
| Other:      |
| How often does the problem occur? | Once [ ]  |  | Repeated [ ]  |
| Since when did the problem occur? |        |
| Are other products affected? | Yes [ ]  | No [ ]  |   |
| **Remarks:**          **Current changes in the reprocessing process** |
| Product | New | Maintenance / Service | Repair | Executing company |
| Instruments | [ ]  | [ ]  | [ ]  |       |
| WD | [ ]  | [ ]  | [ ]  |       |
| Water Treatment | [ ]  | [ ]  | [ ]  |       |
| Steam Generator | [ ]  | [ ]  | [ ]  |       |
| Sterilizer | [ ]  | [ ]  | [ ]  |       |
| Process change | manual to automatedautomated to manual | [ ] [ ]  | chemothermal 🡪 thermalthermal 🡪 chemothermal | [ ] [ ]  |
| Change of: | Process Chemical | Sterile packaging | Disposal | Pre-Treatment |
| [ ]  | [ ]  | [ ]  | [ ]  |
|  Others / Remarks:       |
| 1. **Information to the disposal**
 |
| Pre-treatment at location of use? | Yes [ ]  |  | No [ ]  |   |
|  If yes, with what? |       |
| Disposal of contaminated Instruments? | Wet [ ]  | Moist [ ]  | Dry [ ]  |   |
|  If wet or moist, with what? |        |
| Average standing time before further reprocessing? |        |
| 1. **Information to manual cleaning / disinfection**
 |
| Manual Cleaning / Disinfection | Yes [ ]  | No [ ]  |
| **If NO, please process with item no 6** |
| Specification of process chemicals | Cleaning | Disinfection |
| Name |       |        |
| Manufacturer |       |       |
| Concentration used |       |       |
| Contact time in min |       |       |
| Application Temperature in C° |       |       |
| Water quality used |       |       |
| Ultrasound used | Yes [ ]  | No [ ]  | Time of US       |

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| 1. **Information to automated process**
 |
|  |  |  |  |  |  |  |
| **ATTENTION: Please enclose batch report separately** |
|   |  |  |  |  |  |   |
| Automated Reprocessing? | Yes [ ]  | No [ ]  |   |
| **If NO, please fill in item no 5** |
| **Specification Washer Disinfector** |
| Manufacturer: |       |
| Type: |       |
| Rack type: |       |
|   |  |  |  |  |  |   |
| **Specification Process chemicals** | Name | Manufacturer | Cons.% | Contact time in min | Application Temp.. | Water quality |
| Detergent 1Manual Pre-Cleaning |       |       |       |       |       |       |
| Detergent 2WD |       |       |       |       |       |       |
| Additive (e.g. Oxivario process)WD |       |       |       |       |       |       |
| NeutralizationWD |       |       |       |       |       |       |
| Disinfection product WD |       |       |       |       |       |       |
| Rinse AidWD |       |       |       |       |       |       |
| Other products used (e.g. Instrument milk)Manual / WD |       |       |       |       |       |       |

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| 1. **Information to the Sterilization**
 |
| **ATTENTION: Please enclose batch report separately** |
| Sterilization carried out?  | Yes [ ]  | No [ ]  |
| **If YES, please proceed with item no 7** |
|   |   |   |
| **Method** | **YES** | **NO** |
| Steam sterilization | [ ]  | [ ]  |
|  If yes, central steam supply existing? |       |       |
| **ATTENTION: Please enclose analytical results of last feed water and steam condenser probes** |
| Ethylene oxide (EO) | [ ]  | [ ]  |
| Formaldehyde (FORM) | [ ]  | [ ]  |
| Hydrogen Peroxide | [ ]  | [ ]  |
| Ozon | [ ]  | [ ]  |
| Other method:  | [ ]  | [ ]  |
|  If yes, which method: |       |
|  |  |  |
| **Specification Sterilization tool** |
| Manufacturer: |       |
| Type: |       |
| Sterilization program: |       |
| Used sterile barrier system  |  |

**MANY THANKS FOR YOUR HELP!**