

Manufacturing step immediately after cleaning: _____

parts cleaned **per week** (or shift, etc.): _____ **per batch**: _____

Equipment available for use (circle all that apply):

Vapor-Degreaser Mechanical-Agitation Air-Sparging Immersion/Soak/Dip Ultrasonic Manual Spray-Washer [High or Low ____psi]

Other: _____

Specify vendor, if possible: _____

Cleaning chemicals currently being used:

Manufacturer	Product	Concentration	Vol. used in equipment	Amount Used per year (month or week)	Time	Temp

Rinse Cycle, if any: Time: _____ min. Temp: _____ deg. F Water source: DI (deionized) OR Tap (circle one)

Drying Cycle, if any: Method: _____

Time: _____ min. Temp: _____ deg. F

After cleaning, parts are (circle one): Used Immediately OR Stored (circle one)

If stored, how: _____ How long: _____

Method(s) employed for evaluating cleanliness: None Visual Microscopic Ultra-Violet Gravimetric Contact Angle OSEE

Other: _____

Performance test, if any (please describe): _____

JOB DESCRIPTIONS

Job Titles in Cleaning Operation

Department	Job Title	# of Workers	Duties

Individual Worker Job Histories

Worker ID	Department	Job	Time Period (year) or	Time at each job (daily)

CONTROL MEASURES

Do you use any control measures (hoods, splash guards, goggles, gloves, etc): _____

What methods have you taken to control exposures within the last six months? The last year? _____

Comments or Areas of Concern: _____

Return any samples/parts? No Yes, to: _____

The information in this survey may be available to the public. Please contact the Institute if you wish to have this information remain confidential.

Visit us on the Web at: www.cleanersolutions.org