

## VALIDATION MAPPING RENTAL KIT ORDERING FORM

Name:	Number of Units:
Company:	Temperature Acceptance Criteria:
Phone Number:	Relative Humidity Acceptance Criteria (if applicable):
Email Address:	
Manufacturer:	Control Functionality:
User Manual Document#:	☐ Electric Control ☐ Manual Control
Model:	Chamber:   Empty Chamber  Full Chamber
Electrical Requirements:	Qualification Time from Start to Finish:
	☐ 24- Hours ☐ 4 Hours ☐ Custom Time:
Describe the functionality of the chamber(s) and the operational requirements (specifications):  Chamber Functionality:	
Operational Requirements:	
Other Information:	
Testing Requirements (Check all that apply):	
Standard Offerings (Standard Protocol for execution)	
☐ Installation Qualification ☐ Operational Qualification ☐ Performance Verification ☐ None	
Size of Unit(s):	
Calibration of Loggers:   Calibrated Annually Post Calibration Verification Needed (extra cost)	
Custom Offerings (Testo will customize qualification to your needs)	
☐ Installation Qualification ☐ Operational Qualification ☐ Performance Verification ☐ None	
Size of Unit(s):	
Software Requirements for Data Extraction and Reporting: 21 CFR Part 11 Certified Professional/Standard	
Temperature Units: ☐ °F ☐ °C	
Calibration of Loggers:   Calibrated Annually Post Calibration Verification Needed (extra cost)	
Final Report Requirements:   Mean Kinetic Temperature (MKT)   Minimum Temp. Location	
☐ Maximum Temp. Location ☐ Minimum Rel. Humidity Location ☐ Maximum Rel. Humidity Location	
□Other:	