

PRODUCT SAFETY INFORMATION

Directions: Please complete this form electronically and add your company name to the header section on page two. All questions must be answered on this form BEFORE any materials or components can be accepted at Lyophilization Technology Inc. Any costs for meeting these requirements will be submitted to the Client Company for their review and approval prior to beginning the project.

GENERAL INFORMATION:

Company Name:

Address:

Contact Name:

Contact Phone #:

Contact Email:

Medical/Safety Contact Name:

Medical/Safety Contact Phone #:

Medical/Safety Contact Email:

SAFETY INFORMATION:

Product Name:

Product Strength:

Product Type/Category:

API Storage Conditions:

Drug Product Storage Conditions:

Permissible Exposure Limit (PEL):

Occupational Exposure Limit (OEL):

Biological Safety Level (BSL):

Protect From:

Recommended PPE (list):

Company Name: _____

HANDLING INFORMATION:

Cleaning Agent: _____

Decontamination Agent(s): _____
(include contact time) _____

List Special Equipment for Handling: _____

Waste Disposal Procedure: _____

ATTACHMENTS: Type an "x" in the appropriate box.

	SDS attached	
	SDS not available, alternate safety information attached	
	Other (list):	

Form completed by: _____
Title: _____
Date: _____

To be completed by LTI Personnel:
Reviewed By: _____ Date: _____