



121 South Lombard Road  
Addison, IL 60101  
ph | 630.629.3504  
fx | 630.629.3512  
[www.enproinc.com](http://www.enproinc.com)

## PROCESS DESCRIPTION WORKSHEET (PDW)

Completed By:

Date:

### CUSTOMER INFORMATION

Company Name:

Address:

City:

State:

Zip:

Phone:

Contact Name:

Title:

Contact E-mail Address:

### TESTING INFORMATION

Services Needed:  Filterability  PH  Turbidity  
 Conductivity  Integrity Test  Other

Will a Non-Disclosure Agreement be needed for this service?  Yes  No

Bio-Safety Level Required:  BSL1  BSL2  N/A

Return Tested Sample to Customer:  Yes  No

If yes, include address:

If no, disposal fee may apply.

MSDS Sheet Enclosed:  Yes  No

Desired Test Objective

## PRODUCT INFORMATION

Product Name (to appear in protocols and reports):

Product Number (if applicable):

Generic Name (if applicable):

Lot or Batch Number (if applicable):

### PRODUCT CHARACTERISTICS:

PH:

Ionic Strength:

Viscosity:

Specific Gravity:

Surface Tension:

Light Sensitivity:

### PRODUCT VEHICLE:

Suspension

Emulsion

True Solution

Non-Aqueous

Filtrate Requirements (NTU's, visual clarity, ppm, sterility, etc.):

### Components (include quantities or %)

**Hazards:** (If product is cytotoxic, please state neutralizing solution and provide decontamination procedures separately.)

**Storage Conditions** (include shelf life):

## MATERIAL HANDLING

**Special Handling Requirements:**  YES  NO

If yes, please describe (in detail):

## PROCESS PARAMETERS

Current Filter Scheme (if applicable):	<input type="text"/>	Number of Elements:	<input type="text"/>
Current Filter Manufacturer (if applicable):	<input type="text"/>	Current Filter Part No. (if applicable):	<input type="text"/>
Process Type:	<input type="checkbox"/> Batch <input type="checkbox"/> Continuous	Flow Rate: (min./max.):	<input type="text"/>
Batch Size (if applicable):	<input type="text"/>	Inlet Pressure (min./max.):	<input type="text"/>
Duration of Filtration:	<input type="text"/>	Maximum Allowable Differential Pressure:	<input type="text"/>

### STERILIZATION CONDITIONS (if applicable):

In-Situ     Autoclave

Time:     Temperature:     Steam Pressure:

Number of batches processed per filter lot:

If > 1, please provide the procedure between batches (flush? integrity test? sterilization?):

Is this a:

New Process     Existing Process     Clinical Trial

## PROCESS DESCRIPTION

Drawings Attached:  Yes  No

Additional Information / Comments:

**ENPRO USE ONLY**

Approved By:

Date:

PDW Job #: