



# Scope of Services

## Client Contact

Client: \_\_\_\_\_

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

- Room Measurements .....
  - Airflow Volume Readings (CFM) .....
  - Airflow Velocity Readings (FPM) .....
  - Air Exchange Rates .....
  - Airborne Particle Counts .....
  - Room Differential Pressures .....
  - HEPA Filter Integrity .....
  - Visual Smoke Analysis .....
  - Room Recovery Testing .....
  - Validation Documentation - IQ/OQ .....
  - Temperature / Humidity Readings .....
  - Decontamination .....
- PFA    VHP

SBB Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Once complete, please email this form to [kciano@sbbinc.com](mailto:kciano@sbbinc.com)