SIEMENS
Ingenuity for life

Laboratory Assessment Form

siemens.com

SIEMENS

Project:

Date:

Client Engineer:

Siemens Engineer:

Facility:

Area:

Use:

Customer contact name:

Siemens contact name:

1. How many of these critical areas are there in your facility?

	None	Approximate #
1.1 Chemical labs	☐	
1.2 Biological labs	☐	
1.3 Animal labs	☐	
1.4 Infectious Isolation rooms	☐	
1.5 Sterilization	☐	
1.6 Operating Suites	☐	
1.7 Cleanrooms	☐	
1.8 Protective Isolation	☐	
1.9 Pharmacies	☐	

Comment

2. How many special ventilation devices are there in your facility?

	None	Approximate #	Monitor/Controls?	
2.1 Fume hoods	☐		☐ Yes	☐ No
2.2 Biological safety cabinets	☐		☐ Yes	☐ No
2.3 Laminar flow benches	☐		☐ Yes	☐ No
2.4 Canopy/Snorkel?	☐		☐ Yes	☐ No

Comment

3. How often are these critical areas used?

	N/A	Seldom	Often	Continuously
3.1 Chemical labs	☐	☐	☐	☐
3.2 Biological labs	☐	☐	☐	☐
3.3 Infectious Isolation rooms	☐	☐	☐	☐
3.4 Sterilization	☐	☐	☐	☐
3.5 Operating Suites	☐	☐	☐	☐
3.6 Cleanrooms	☐	☐	☐	☐
3.7 Protective Isolation	☐	☐	☐	☐
3.8 Pharmacies	☐	☐	☐	☐
3.9 Fume hoods	☐	☐	☐	☐
3.10 Biological safety cabinets	☐	☐	☐	☐
3.11 Laminar flow benches	☐	☐	☐	☐

Comment

4. How would you rate the ventilation performance associated with these areas?

(from 1 to 5, 1 being poor and 5 being excellent)

	N/A	Rating #
4.1 Chemical labs	☐	
4.2 Biological labs	☐	
4.3 Infectious Isolation rooms	☐	
4.4 Protective Isolation	☐	
4.5 Operating Suites	☐	
4.6 Cleanrooms	☐	
4.7 Sterilization	☐	
4.8 Pharmacies	☐	
4.9 Fume hoods	☐	
4.10 Biological safety cabinets	☐	
4.11 Laminar flow benches	☐	

Comment

5. Who performs the following tasks at your facility?

	Inside staff	Contractor	How often?
5.1 Maintains compliance documentation	☐	☐	
5.2 Evaluates room pressurization	☐	☐	
5.3 Fume hood certification	☐	☐	
5.4 Biological safety cabinet certification	☐	☐	
5.5 Laminar flow benches certification	☐	☐	
5.6 Clean room certification	☐	☐	
5.7 Ethylene Oxide monitoring	☐	☐	
5.8 Other chemical exposure monitoring	☐	☐	

Comment

6. If you subcontract any of the work above, rate the criteria you use to make your choice?

Cost	Accreditation Merits	Large capability spectrum
☐	☐	☐

Comment

7. If you subcontract any of the work above, who specifies their purchase?

Lab manager	Compliance officer	Facilities manager	Purchasing
☐	☐	☐	☐

Comment

8. Who's building control system is in your facility?

9. What costs are associated with poor performance of these areas?

10. What comfort/IAQ complaints does the client receive and how often?

11. Are there persistent hot or cold spots in the facility?

12. What are their biggest concerns regarding their facility?

13. Are they maintaining compliance reports and how is data collected?

14. For how many hours weekly are the lab rooms occupied?

15. For how many hours daily are the lab rooms occupied?

16. What are the costs of the electricity in euro/kWh?

17. What are the costs of the gas/oil in euro/kWh?

18. How many square meters (m^2) are the laboratories?

19. What is the ceiling height in the laboratories in meters (m)?

20. How many laboratory rooms are there?

21. What is the chiller plant efficiency (kW/ton)?

22. What is the facility age (in case of lab renovation please provide the year of renovation)?

23. What is the facility total electricity spend (kWh)?

24. Are there management targets for the Air Changes per Hour (AHU)?

Yes	No	If yes, how much?
☐	☐	

Comment

25. Please select

		Sum		Sum		Sum		Sum
Fume hood type	☐ Aux Air		☐ CV		☐ CV 2 position		☐ VAV	
Exhaust system type	☐ Central		☐ Individual					
Controls Type	☐ Pneum		☐ DDC					
Lab occupancy monitored	☐ Yes		☐ No					

Comment

26. Can you please provide the following information.

	Yes	No	Follow
26.1 Floor plans drawings of the mechanical equipment	☐	☐	☐
26.2 Controls sequence of operation (room and Fume Hood)	☐	☐	☐
26.3 Fume Hood Certification Report	☐	☐	☐

27. Comments

Print Save