



*Technical Safety Services LLC*

# Overview



14225 SW Tualatin Valley H  
Beaverton, OR 97005  
tel: (888) 642-2410  
www.techsafety.com

## Single Pass Certification Report

Cert.: KM186181197 Facility: Wilson's Compounding Pharmacy ID: 418340 Cust ID: NA  
SO: OR-WLS18002B-1 Addr: 3925 Columbia Rd Make: ACME  
Contact: Jane Wilson St Louis, MO 63124 Model: POWDER BOOTH  
Phone: (314) 321-2522 Bid: Main SN: 11111111  
Email: jane\_wilson@yahoo.com Rm: Mix Lab Class: I Type: Single Pass

Test Standard(s): MANUFACTURER, IEST-RP-CC034.4

### Results

Inspected	Min	Max	Measured	Results
Average Inflow Velocity (FPM)	75	NA	77	Pass
Minimum Point Reading (FPM)	NA	NA	64	NA
Airflow Smoke Pattern	NA	NA	Pass	Pass
Lighting Fluorescent (FC)	NA	NA	NA	FIO
Lighting Ultraviolet (uW/cm <sup>2</sup> )	NA	NA	NA	FIO
Unit Duct Pressure (In.W.C.)	NA	NA	NA	FIO
Unit Supply Pressure (In.W.C.)	NA	NA	0.13	FIO
Airflow Monitor	NA	NA	No	FIO
Saturation Monitor	NA	NA	No	FIO

Exhaust	Min	Max	Measured	Results
HEPA As Found Max Point Leak (%)	0.000	0.010	0.000	Pass
HEPA As Left Max Point Leak (%)	0.000	0.010	NA	NA
Patch (%)	0	3	Pre:0/New:0/Tot:0	Pass
Aerosol Concentration (ug/l)	10	100	83	FIO

Comments: Unit is vented back in the room and exhaust filter could be scanned (no ductwork)

This unit does not have an airflow monitor, so the suggested testing interval is every 6 months.

The lower inflow readings in the middle of the access area are likely due to the balance located just inside the unit. Smoke is still contained in the unit, so relocation of the balance should not be necessary.

This certificate is a sample.

**\*\*\* Unit Certified \*\*\***

The following NIST-Traceable equipment were used to perform this test:

Equipment ID	Equipment Type	Serial #	Calibration Due Date
001425	Photometer	9493	01/29/2019
004050	Generator	EQ4050	12/26/2018
004262	Anemometer	T95351705011	02/21/2019

Report Date: 06/18/2018  
Retest Date: 12/18/2018  
eData: v6.5.4  
Print Version: Service Manager v6.5.4  
Print Date: 06/18/2018 Page: 1/2  
FIO: For Information Only NA: Not Applicable

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Kyle Mulder  
Field Service Technician - Level 4  
06/18/2018 11:15 AM  
I certify that this record is a true and accurate representation of work performed.

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Contact: Jane Wilson      St Louis, MO 63124      Model: POWDER BOOTH  
Phone: (314) 321-2522      Bid: Main      SN: 11111111  
Email: jane\_wilson@yahoo.com      Rm: Mix Lab      Class: I      Type: Single Pass

### Inflow (FPM)

**Dimension (inches):** Width: 47      Height: 9

**Average Inflow Velocity(FPM):** 77

**Area (sq.ft.):** 2.94

**Volume (CFM):** 226

#### Readings:

86	64	71	88
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-----  
Kyle Mulder      06/18/2018 11:15 AM  
Field Service Technician - Level 4  
I certify that this record is a true and accurate  
representation of work performed.



# Content Details

Unit/Report Type

## Single Pass Certification Report

Cert.: KM186181197	Facility: Wilson's Compounding Pharmacy	ID: 418340	Cust ID: NA
SO: OR-WLS18002B-1	Addr: 3925 Columbia Rd St Louis, MO 63124	Make: ACME	Model: POWDER BOOTH
Contact: Jane Wilson	Bld: Main	SN: 11111111	
Phone: (314) 321-2522	Rm: Mix Lab	Class: I	Type: Single Pass
Email: jane_wilson@yahoo.com			

Test Standard(s): MANUFACTURER, IEST-RP-CC034.4

Applicable Test Standards relevant to the certification of this device.

Unit Information Including:

- Certificate ID # ("Cert.")
- Service Order Reference # (SO)
- [Primary] Project Contact Info
- Unit Location Information (Address, Building, Room)
- Unit Information (Make, Model, Serial Number, Hood Type)

# Content Details

**Average Inflow Velocity:** Average of all velocity measurements taken across the HEPA filter in feet per minute (fpm).

**Minimum Point Reading:** The lowest velocity reading measured from set of velocity data in feet per minute (fpm)

Using an aerosol-generating source, the technician observes the movement of tracer. Tracer should not escape unit after entering.

Inspected	Results			
	Min	Max	Measured	Results
Average Inflow Velocity (FPM)	75	NA	77	Pass
Minimum Point Reading (FPM)	NA	NA	64	NA
Airflow Smoke Pattern	NA	NA	Pass	Pass
Lighting Fluorescent (FC)	NA	NA	NA	FIO
Lighting Ultraviolet (uW/cm2)	NA	NA	NA	FIO
Unit Duct Pressure (In.W.C.)	NA	NA	NA	FIO
Unit Supply Pressure (In.W.C.)	NA	NA	0.13	FIO
Airflow Monitor	NA	NA	No	FIO
Saturation Monitor	NA	NA	No	FIO

**Duct Pressure:** Pressure measurement from the exhaust duct to ambient.

**Supply Pressure:** Across the HEPA filter from upstream to downstream.

Light intensity measurement results whenever applicable. Not necessary for certification.

# Content Details

**Airflow** and **Saturation** monitor *presence* confirmation tests. The technical confirms whether an [inflow] Airflow or a [chemical] saturation monitor is present.

	Airflow Monitor	NA	NA	No	<b>FIO</b>
	Saturation Monitor	NA	NA	No	<b>FIO</b>
<b>Exhaust</b>					
		<b>Min</b>	<b>Max</b>	<b>Measured</b>	<b>Results</b>
	HEPA As Found Max Point Leak (%)	0.000	0.010	0.000	<b>Pass</b>
	HEPA As Left Max Point Leak (%)	0.000	0.010	NA	<b>NA</b>
	Patch (%)	0	3	Pre:0/New:0/Tot:0	<b>Pass</b>
	Aerosol Concentration (ug/l)	10	100	83	<b>FIO</b>

**HEPA As-Found/Left Max Leak (%)**: Aerosol concentration detected downstream of filter expressed as a ratio (%) against the upstream concentration.

**Patch (%)**: Amount of patch (silicone) present on filter expressed as a ration against the filter surface area. "New" patching is added typically when leaks are detected.

**Aerosol Concentration**: Concentration of aerosol introduced upstream for the leak test.

# Content Details

Technician comments that elaborate on the results of the testing or describe observations beyond the results listed in the certificate.

Comments: Unit is vented back in the room and exhaust filter could be scanned (no ductwork)

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This certificate is a sample.

**\*\*\* Unit Certified \*\*\***

The following NIST-Traceable equipment were used to perform this test:

Equipment ID	Equipment Type	Serial #	Calibration Due Date
001425	Photometer	9493	01/29/2019
004050	Generator	EQ4050	12/26/2018
004262	Anemometer	T95351705011	02/21/2019

Equipment list used to generate the data in this certificate.

The certification status of the unit upon evaluation against applicable criteria.

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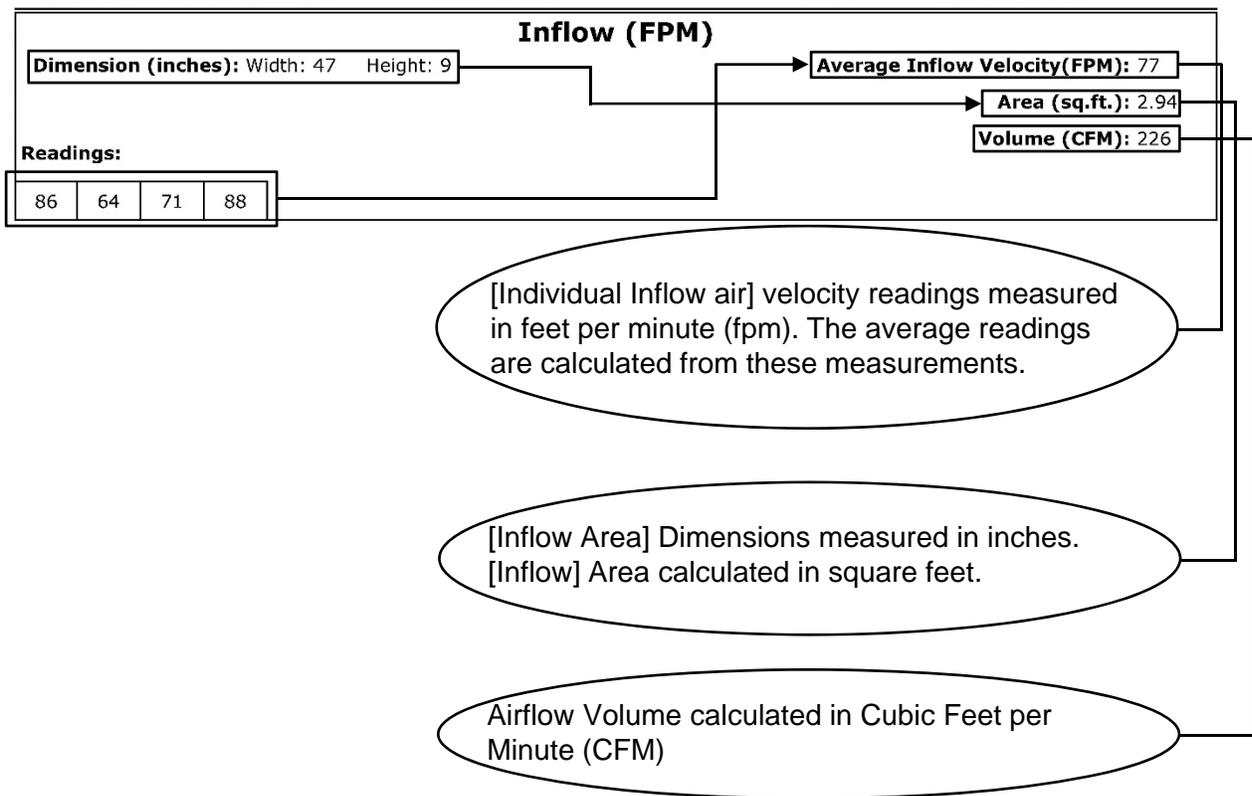
Technician's "digital ink" signature.

  
Kyle Mulder 06/18/2018 11:15 AM  
Field Service Technician - Level 4  
I certify that this record is a true and accurate representation of work performed.

Technician's "CFR Part 11" Compliant signature.

Report Date = Date certificate was created.  
Retest Date = (Relative) Due date of unit.  
Print Date = Date this *manifestation* of unit certificate was created. (Certification Date is always same upon completion in the field!)

# Content Details





**TSS – National Headquarters**  
**620 Hearst Avenue**  
**Berkeley, California 94710**  
**510.845.5591**  
**800.877.7742**  
**[www.techsafety.com](http://www.techsafety.com)**