

Application for assessment and certification by VAH according to the current Requirements and Methods for VAH-certification of Chemical Disinfection Procedures

Field of Application: Chemical and chemo-thermal Instrument Disinfection

I. Name of disinfectant ¹:

II. a) Applicant (complete address)

b) Information to be printed on the VAH certificate (mandatory field)

Company (complete address)

Manufacturer (if different from applicant)

Should the address of the **manufacturer** appear on the certificate?: yes no

¹ fill in one product only; the product name and the name stated on the expert report must be identical.

- | | | | |
|-------------|--|-----|----|
| III. | Is it a renewal of a previously issued certificate: | yes | no |
| | Are there any changes in the concentration-contact time ratio: | yes | no |
| | Is there a change in ingredients (in the formula)? | yes | no |

Is it a product for disinfecting dental suction systems

if yes - disinfection inside or outside

yes	no
inside	outside

Short description of the application

Please note: If there is a change in the ingredients, the application process is the same as for a completely new product.

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|------------|---|-----|----|
| IV. | Is the disinfectant a transcription ² of a different product: | yes | no |
|------------|---|-----|----|

If yes:

Name of the original product:

Manufacturer of the original product:

The original product is certified is not certified currently registered for certification

submit the expert report for the original product.

- | | | | |
|-----------|---|-----------|------------|
| V. | Active ingredients ³ stating the CAS no.: | per 100 g | per 100 ml |
| | 1. | CAS no.: | |
| | 2. | CAS no.: | |
| | 3. | CAS no.: | |
| | 4. | CAS no.: | |
| | 5. | CAS no.: | |

- VI. pH-value product 100%**^{4, 5}:

pH-value proct 1% in aqua

dest.: Refraction index:

Density:

Biocide authorisation/registration: reg.-no.:

Medical device approval CE-mark:

Cleaning active: yes no

² Transcriptions must be identified by a „Note on transcription“on the expert report, if the original product was tested rather than the transcribed product

³ Active ingredients with volume and exact name according to IUPAC and, if deviant from this, according to the product label and to the test report.

⁴ may be omitted for alcohol-containing products of more than 60% vol. alcohol

⁵ For powdery products in aqua dest. (Indication volume A.dest)

VII. Intended use/field of application

Instrument disinfection

Confirmed by expertises of 1.) date:
 2.) date:
 3.) date:
 4.) date:

Requested values of disinfection:

Requested procedure temperature: $\geq 20 - < 60^{\circ}\text{C}$: _____

$\geq 60 - \leq 70^{\circ}\text{C}$: _____

	Instrumentendesinfektion zur Prophylaxe in Krankenhaus und Praxis					
	Contamination (interfering substances)		Contact time (min)			
	clean conditions	dirty conditions	5	15	30	60
bactericidal / yeasticidal						
Additional:						
Tuberculocidal <i>(Mycobacterium terrae)</i>						
Mycobactericidal <i>(Mycobacterium avium)</i>						
Fungicidal <i>(Aspergillus brasiliensis)</i>						
Fungi on raw wood <i>(Trichophyton mentagrophytes)</i>						
Limited virucidal activity						
Virucidal activity						
sporicidal (active against <i>C. difficile</i> spores)						

The applicant hereby acknowledges and accepts the current terms and conditions for VAH certification of chemical disinfection procedures as laid down in the Catalogue of Requirements as well as in the bylaws of the Disinfectants Commission in the Association for Applied Hygiene (VAH).

.....
Date

.....
Signature / Stamp

Additional information for the online List (optional)

- ① Website of vendor:

- ② E-Mail of contact person:

- ③ This product is additionally listed with different concentration-contact time-ratios in:
RKI-List / Date of issue:

DVG (German Veterinary Society) List for the food processing area/ Date of issue:

DVG (German Veterinary Society) List for animal husbandry/ Date of issue:

- ④ The product is marketed in (please state countries using the international abbreviations

The applicant hereby grants permission to publish this information.

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Date

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Signature / Stamp