

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

Field of Application: Hand 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

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

- Intended use: liquid
 foam
 • Indication of how much foam is dispensed in ml or g per stroke _____
 • Indication of how many strokes are to be applied _____
 other _____

- 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 not certified currently registered for certification

Please submit the expert report for the original product.

- V. **Active ingredients**³: 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:

pH-value product 1% in aqua dest.:

Refraction index:

Density:

Biocide authorisation/registration: reg.-no.:

Drug approval: reg.-no.:

Medical device approval CE-mark:

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

VII. Intended use/field of application
Hand disinfection

Confirmed by expertises of

1.) date:

2.) date:

3.) date:

4.) date:

Requested values of disinfection:

Hand disinfection			
Hygienic			
	Contact time		Indication of quantity in ml or number of strokes (ml/stroke)
	½ min	1 min	
bactericidal / yeasticidal			
Fungicidal			
Limited virucidal activity			
Limited spectrum virucidal activity			
Virucidal activity			

Hand disinfection			
Surgical			
	Contact time		
	1 – 2,5 min	3 min	5 min
bactericidal / yeasticidal			

Long term effect surgical hand disinfection: yes

Corner test for limited virucidal activity: available desired

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