

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

**Field of Application: Linen Disinfection**

I. Name of disinfectant <sup>1</sup>:

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

<sup>1</sup> 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.*

IV. Is the disinfectant a **transcription<sup>2</sup>** of a different product:

yes  no

**If yes:**

Name of the original product:

Manufacturer of the original product:

The product is  certified  not certified  currently registered for certification

**Please submit the expert report for the original product.**

V. **Active ingredients<sup>3</sup>:**  per 100 g  per 100 ml

- 1.
- 2.
- 3.
- 4.
- 5.

VI. **pH value of the application concentration or combination<sup>4</sup>:** .....

**pH-value product 1% in aqua dest.:** .....

**Refraction index:** .....

**Density:** .....

**Biocide approval:** reg.-no.: .....

**Medical device approval** CE-mark: .....

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

<sup>3</sup> 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.

<sup>4</sup> For powdery products in aqua dest.

**VII. Intended use/field of application**

**Linen disinfection**

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

**Requested values of disinfection:**

<b>Linen disinfection</b>	
Chemical thermal disinfection (incl. tuberculosis) – single bath method	
Dosage/l liquid	
Temperature ≥ 60°C*: _____ °C	
additional: virucidal	<input type="checkbox"/>
Temperature < 60°C: _____ °C	
additional: tuberculocidal	<input type="checkbox"/>
mycobactericidal	<input type="checkbox"/>
fungicidal	<input type="checkbox"/>
limited virucidal	<input type="checkbox"/>
limited spectrum virucidal	<input type="checkbox"/>
virucidal	<input type="checkbox"/>
sporicidal against <i>C.difficile</i> -spores	<input type="checkbox"/>
Contact time:	
Wash liquor ratio:	
Pre-wash: <input type="checkbox"/>	soft water: <input type="checkbox"/>

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.

.....

Date

.....

Signature / Stamp