

STERILIZATION INSPECTION REPORT

Pennsylvania's Bedding and Upholstery Law requires that all non man-made fiber filling material utilized in bedding, upholstery or other stuffed items be sterilized per the requirements of Pa Code Chapter 47, subchapter A. **All companies that sterilize feathers and down, wool and animal by-product must receive a permit to perform this work, and their sterilization processes must be inspected and tested for compliance with these regulatory requirements by an inspection agency approved by the Secretary of the Department of Labor and Industry. The Sterilization Inspection Report must be completed by an approved inspection agency; all costs associated with the inspection are your responsibility.**

PLEASE TYPE OR PRINT NEATLY IN INK.

PA Inspection Agency Performing Inspection	Agency Name _____ Contact Name _____ Telephone _____ Email _____
Sterilization Facility	Facility Name _____ Representative Name _____ Physical Address _____ City _____ State/Province _____ Zip Code _____ Country _____ Telephone _____ Email _____
Type of Sterilization Process Witnessed and Results	<p>STEAM PRESSURE PROCESS <input type="checkbox"/></p> <p>Steam Chamber Size: Length _____ Width _____ Height _____</p> <p>Is chamber tight? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Steam pressure utilized during sterilization was _____ pounds and was applied for _____ minutes.</p> <p>Did chamber have a steam pressure gauge? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is the steam pressure gauge visible from outside the chamber? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>STREAMING STEAM PROCESS <input type="checkbox"/></p> <p>Steam Room Size: Length _____ Width _____ Height _____</p> <p>Are valve outlets provided for the steam room? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, check location(s): Top of room <input type="checkbox"/> Bottom of room <input type="checkbox"/></p> <p>Are shelves in steam room made of lattice or some other type of open construction? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Number of applications of steam injected into room during sterilization process: _____</p> <p>Length of time of each application of steam: _____</p> <p>What interval of time elapses between each application? _____</p>
Description of Sterilization Process: If addt'l space is needed, provide on letterhead	Describe, in detail, each step of the sterilization process as observed during the inspection. _____ _____ _____
Signature	<p>By signing this document, I certify that I have inspected the entire sterilization process for the following fibers or fill: Feathers & Down <input type="checkbox"/>, Wool <input type="checkbox"/>, or Animal by product <input type="checkbox"/> (If checked, specify types: _____, _____, _____, _____, _____).</p> <p>During this inspection, I witnessed the entire operation from the raw, unwashed state to the point where the completely processed and washed material could be used as fill material in finished consumer products. I certify that the sterilization process Complies <input type="checkbox"/> /Does Not-Comply <input type="checkbox"/> with the Department's Law and Regulations. I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Inspector name (Printed): _____</p> <p>Inspector name (Signature): _____</p> <p>Date: _____</p>

Filing Requirements	Submit this original form to: PA Department of Labor & Industry BOIS – Bedding & Upholstery 651 Boas Street, Room 1606 Harrisburg, PA 17121 If you have any questions regarding this form, please contact our office at 717-787-6848 or at BUOYS@pa.gov .
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Bureau of Occupational & Industrial Safety | Certification, Accreditation & Licensing Division Bedding & Upholstery
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*Auxiliary aids and services are available upon request to individuals with disabilities.
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