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
- **STEAM PRESSURE PROCESS**
  - **Steam Chamber Size:** Length ______ Width ______ Height ______
  - **Is chamber tight?** Yes ☐ No ☐
  - **Steam pressure utilized during sterilization was _____ pounds and was applied for _____ minutes.**
  - **Did chamber have a steam pressure gauge?** Yes ☐ No ☐
  - **Is the steam pressure gauge visible from outside the chamber?** Yes ☐ No ☐
- **STREAMING STEAM PROCESS**
  - **Steam Room Size:** Length ______ Width ______ Height ______
  - **Are valve outlets provided for the steam room?** Yes ☐ No ☐
  - **If yes, check location(s):** Top of room ☐ Bottom of room ☐
  - **Are shelves in steam room made of lattice or some other type of open construction?** Yes ☐ No ☐
  - **Number of applications of steam injected into room during sterilization process:** ______
  - **Length of time of each application of steam:** ______
  - **What interval of time elapses between each application?** ______

### Description of Sterilization Process

Describe, in detail, each step of the sterilization process as observed during the inspection.

By signing this document, I certify that I have inspected the entire sterilization process for the following fibers or fill: **Feathers & Down ☐ Wool ☐, or Animal by product ☐** (If checked, specify types: __________, __________, __________, __________, __________, __________). 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 ☐/Does Not-Comply ☐ with the Department’s Law and Regulations. I declare under penalty of perjury that the foregoing is true and correct.

**Signature**

- **Inspector name (Printed):**
- **Inspector name (Signature):**
- **Date:**
| 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 **BUTOYS@pa.gov**.