

**DISINFECTION INSPECTION REPORT**

Pennsylvania’s Bedding and Upholstery Law requires that all secondhand articles be effectively cleansed and disinfected before being resold per the requirements of 35 P.S. §§972-984. All persons/companies that disinfect secondhand articles must receive a permit to perform this work. **Out-of-state persons performing a disinfection process must be inspected for compliance with these regulatory requirements. Only an authorized representative of the Secretary of the Department of Labor and Industry can perform this inspection and submit this report to the Department. See the list of PA Disinfection Inspection Vendors to contact and schedule your inspection. All costs associated with the inspection are your responsibility.**

**PLEASE TYPE OR PRINT NEATLY IN INK.**

<b>PA Disinfection Inspection Vendor Performing Inspection</b>	Vendor Name _____ Contact Name _____ Telephone _____ Email _____
<b>Facility Inspected</b>	Facility Name _____ Representative Name _____ Physical Address _____ City _____ State _____ Zip Code _____ Telephone _____ Email _____
<b>Date of Inspection</b>	Date (mm/dd/yyyy): _____
<b>Type of Disinfection Process Witnessed and Results</b>	Spray: Is there a separate room, well ventilated to the outside? Yes <input type="checkbox"/> No <input type="checkbox"/> Is a continuous action pressure sprayer used? Yes <input type="checkbox"/> No <input type="checkbox"/> Which germicidal solution with insecticide additive is employed: Steri-Fab w/Trace <input type="checkbox"/> <b>OR</b> Microban w/Trace <input type="checkbox"/> Has the item been thoroughly sprayed over all surfaces and in all crevices so that trace is sufficiently seen? Yes <input type="checkbox"/> No <input type="checkbox"/> Has the item been kept in the separate room for at least 30 minutes after being sprayed? Yes <input type="checkbox"/> No <input type="checkbox"/> Did the operator wear a mask while spraying the articles? Yes <input type="checkbox"/> No <input type="checkbox"/> Is an accurate record of all disinfected articles maintained, which includes the date of disinfection and brief description of the article? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments/ Observations:</b> If add'l space is needed, provide on letterhead	_____ _____ _____ _____
<b>Inspector Signature</b>	By signing this document, I certify that I have inspected the entire disinfection process. I certify that the disinfection 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.  Inspector name (Printed): _____ Inspector name (Signature): _____ Date: _____
<b>Filing Requirements</b>	Submit this original form to: <b>PA Department of Labor &amp; Industry BOIS – Bedding &amp; Upholstery 651 Boas Street, Room 1606 Harrisburg, PA 17121</b>  If you have any questions regarding this form, please contact our office at 717-787-6848 or at <a href="mailto:BUSOYS@pa.gov">BUSOYS@pa.gov</a> .