	520339
	Liquinox® Detergent
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	Revision Level: B Revision Date: 5-3-13

### Change Record

Rev.	Document Change Description	ECO #	DATE	ENG	APPD
A1	Release	9344	10-4-10	TDJ	JRB
A2	See paper ECO	11053	8/24/11	TWL	WBT
B	See paper ECO	14539	5/3/13	CJG	DJE

### 1. SCOPE

The purpose of this document is to define Cirtec Medical, LLC requirements for Liquinox® Critical Cleaning Liquid Detergent.

### 2. GENERAL

Keep the carton closed during non-use.

### 3. INTERNAL REQUIREMENTS

Table 1

Cirtec Part Number	Description	Suggested Suppliers	Supplier P/N	Storage	Shelf Life
520339	Liquinox® Critical Cleaning Liquid Detergent.	VWR Cole Parmer	21835-032 EW-17778-05	32 - 120°F	2 years from DATE OF MANUFACTURE See section 5 and 6

### 4. SUPPLIER CERTIFICATION REQUIREMENTS

The supplier shall supply a certification document with each lot portion or shipment. The certification document shall include, as a minimum, the following information:


- 4.1. Supplier Name and Address.
- 4.2. Cirtec Purchase Order Number.
- 4.3. Manufacturing lot number. (will appear on bottle only)
- 4.4. Cirtec Part Number.
- 4.5. Supplier Part Number.
- 4.6. Quantity Shipped (units as specified per Cirtec purchase order).
- 4.7. Shipping Date.

### 5. CIRTEC LABELING REQUIREMENTS

Cirtec receiving personnel shall label the material with the following:

- 5.1 Cirtec Part Number
- 5.2 Cirtec Cert. Number – Acquire per section 6.
- 5.3 Expiration Date – Acquired per section 6.

**END OF REQUIREMENTS PORTION OF DOCUMENT**

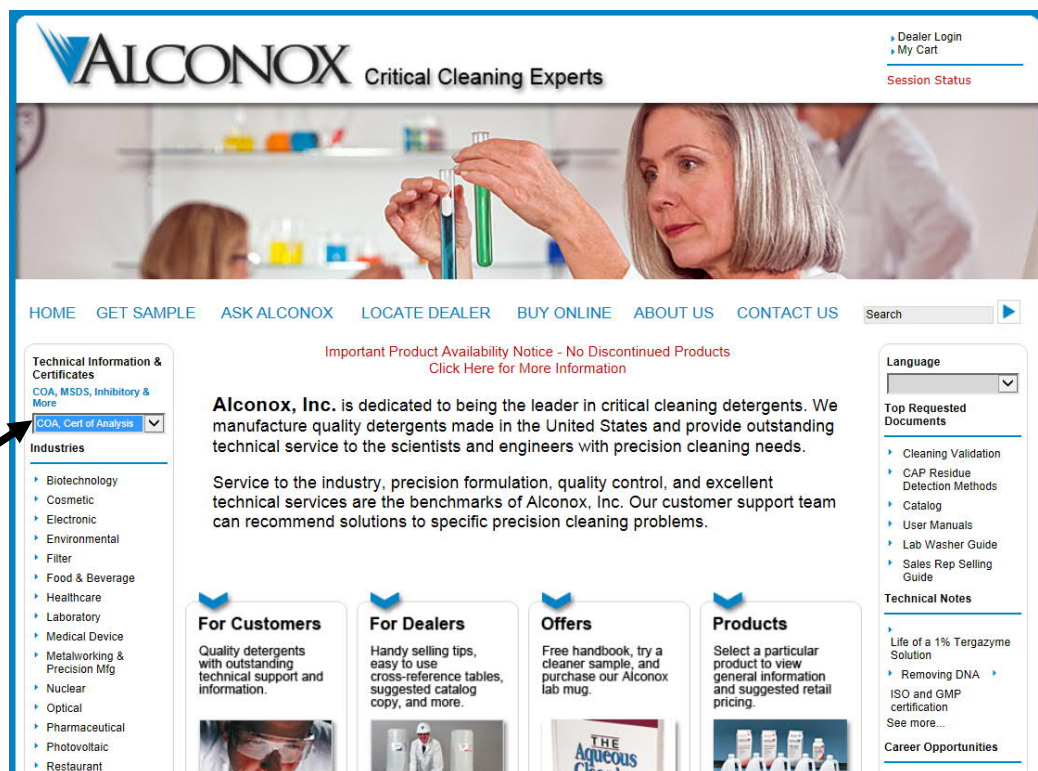
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**NOTE:**

**THIS PAGE IS CONFIDENTIAL, AND MAY NEVER BE VIEWED OR SHARED WITH MATERIAL SUPPLIERS OR CUSTOMERS.**

**6 ACQUISITION OF MANUFACTURING DATE AND CERTIFICATE OF COMPLIANCE.**

- 6.1 From the website "Alconox.com", select from the "Select a Document" drop-down menu on the left side, "Certificate of Analysis".
- 6.2 Enter the data requested in the form. Enter the material lot number, and "Submit". The COA that is sent to the email address contains the Date of Manufacture.
- 6.3 Repeat for "Certificate for Conformance".



Select  
needed  
document  
here



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**ALCONOX** Critical Cleaning Experts

Dealer Login  
My Cart  
Session Status

HOME GET SAMPLE ASK ALCONOX LOCATE DEALER BUY ONLINE ABOUT US CONTACT US

Technical Information & Certificates  
COA, MSDS, Inventory & More  
Select document

Industries:  
Aerospace  
Automotive  
Biotech  
Chemical  
Environmental  
Food & Beverage  
Healthcare  
Laboratory  
Medical Device  
Manufacturing & Precision Mfg  
Nuclear  
Optical  
Pharmaceutical  
Pharmaceutical  
Restaurant  
Tattoo  
For Our Dealers:  
Purchasing  
Downloads  
COA Request  
COG Request

**Certificate of Analysis (COA)**

Please enter the following information so that Alconox may generate a COA for your specific product. COAs will be displayed in PDF format so be sure to download a free copy of Acrobat Reader. If you do not already have it installed, by clicking on the icon at the top of the screen.

When selecting the Lot Number, if you do not see your lot number in the list provided, please contact Alconox directly at [cleaning@alconox.com](mailto:cleaning@alconox.com) with the lot number that you need the certificate for or, for fastest service, call toll free 877-877-2626 to request your COA.

Items in red are required.



**Contact Information**

Contact Name:   
Title:   
Company:   
Address 1:   
Address 2:   
City:   
Region/Province/State:   
Postal/ZIP Code:   
Country:   
Phone:   
Fax:   
Email:   
Confirm Email:   
Web:   
Your principal activity:   
If 'Other', please describe:   
Your primary job function:   
If 'Other', please describe:

**Product Information**


Product:   
Lot Number:   
Comments:

Enter the words as they appear.

has  

Submit Reset

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Certificate of Analysis

Lot number needed



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**ALCONOX** Critical Cleaning Experts

HOME GET SAMPLE ASK ALCONOX LOCATE DEALER BUY ONLINE ABOUT US CONTACT US

**Certificate of Compliance (COC)**

Please enter the following information so that Alconox may generate a COC for your specific product. If you are utilizing Popup Blocking software on your system we recommend disabling it at this time.

Items in red are required:

**Contact Information**

Contact Name:   
Title:   
Company:   
Address 1:   
Address 2:   
City:   
Region/Province/State:   
Postal/ZIP Code:   
Country:   
Phone:   
Fax:   
Email:   
Confirm Email:   
Web:   
Your principal activity:   
If Other, please describe:   
Your primary job function:   
If Other, please describe:

**Product Information**

Product:   
Package Size:   
Distributor:   
Distributor #:   
PO #:

Enter the words as they appear.

Georg aptode

Submit Reset

5 YEARS 1940-2013

Certificate of Compliance

Necessary info from PO

END OF REQUIREMENT SECTIONS OF DOCUMENT