FACILITY DOCUMENT FORM
BLUEPRINT/BLUEPRINT LEGEND – PRELIMINARY REVIEW (BCA)
[9 CFR 108.4 and 108.5(b)]

Firm ___________________________________________ Est. No. ________________________________

Site Address ____________________________________________________________

Building/Floor __________________________________________________________

ML_________________________ Date Received ______________________________

Submission Type: □ New Address □ New Building □ Remodeled Facility □ Pre-licensing □ Revision

Information to Review (add comment if necessary)

BLUEPRINT
1. Scale Indicated? [108.4(a)] □ YES □ NO Comment ______________________________
2. Rooms Identified? [108.4(c)] □ YES □ NO Comment ______________________________
3. Stationary Equipment Identified? [108.4(f)] □ YES □ NO Comment ____________________
4. Compass Point? [108.4(h)] □ YES □ NO Comment ________________________________
5. Building Number Included? [108.4(i)] □ YES □ NO Comment __________________________
6. Date of Preparation Included? [108.4(j)] □ YES □ NO Comment _______________________
7. Signature of Liaison/Alternate? [108.4(k)] □ YES □ NO Comment ____________________
8. Summary of Changes? [108.6(a)] □ YES □ NO Comment _____________________________
9. Two Copies? [108.7] □ YES □ NO Comment ______________________________

BLUEPRINT LEGEND (add comment if necessary)
1. Legend Identified by Building/Floor? [108.5] □ YES □ NO Comment __________________
2. Pages numbered? [108.5] □ YES □ NO Comment ________________________________
3. Rooms Identified? [108.5(b)(1)] □ YES □ NO Comment ___________________________
4. Summary of Changes? [108.6(a)] □ YES □ NO Comment ___________________________
5. Two Copies? [108.7] □ YES □ NO Comment ______________________________

BLUEPRINT LEGEND ADDENDUM LISTING
□ Decontamination Procedures
□ Other Precautions against Cross Contamination
□ Fraction List(s)
   1. ___________________________________________
   2. ___________________________________________
   3. ___________________________________________
□ Exemptions to 109, Sterilization of Equipment
Other (list)
   1. ___________________________________________
   2. ___________________________________________

BLUEPRINT LEGEND ADDENDUM (add comment if necessary)
1. Legend Identified by Building/Floor? [108.5] □ YES □ NO Comment __________________
2. Pages numbered? [108.5] □ YES □ NO Comment ________________________________
3. Summary of Changes? [108.6(a)] □ YES □ NO Comment ___________________________
4. Two Copies? [108.7] □ YES □ NO Comment ______________________________

ADDITIONAL COMMENTS


BCA ACTION:
Submit to the Biologics Specialist __________ Return to Firm __________

ICFRM0019.07 (16Nov17) wlh