



# UTAH DEPARTMENT OF AGRICULTURE AND FOOD

*Regular Postal Mail*  
P.O. Box 146500  
Salt Lake City, UT 84114-6500  
(801) 538-7151 Information

*Overnight Courier Mail*  
350 N. Redwood Rd.  
Salt Lake City, UT 84116  
(801) 359-0213 FAX

## APPLICATION FOR STERILIZATION PERMIT (1106)

All companies that sterilize feather and down, wool and animal hair must receive a permit to perform this work. Before doing so, they must be inspected and tested for compliance with the regulatory requirements by an approved testing agency by the Utah Department of Agriculture & Food.

**Company Name of Sterilizer** \_\_\_\_\_

Physical Sterilization Address

Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing Address

Street \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Is a Parent Company or Facilitator handling your licenses and future renewals? Yes  No

Parent Company or Facilitator Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

<b>STERILIZATION PERMIT</b>	<b>Permit fee \$145.00</b>
Existing Pennsylvania Sterilization Permit Number: _____	
If you have not yet been assigned a sterilization permit number, would you like Utah to issue one to you? Yes <input type="radio"/> No <input type="radio"/>	
** Sterilization Permit Numbers are <b>not transferable</b> . **	

**A completed Sterilization Inspection Report must be included with this application. (Applicants are liable for the cost of the inspection.) Only after receipt of proof that your sterilization process complies with Utah law will a permit be issued.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Contact Person \_\_\_\_\_

MAKE CHECKS PAYABLE TO:

**UTAH DEPARTMENT OF AGRICULTURE AND FOOD** (Do not send cash)

Checks from foreign companies must have U.S. bank encoding numbers along bottom of check.

FOR OFFICE USE ONLY		
Code:	License:	Per. No.:
Customer #:	Date:	Year:



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## STERILIZATION INSPECTION REPORT (1106)

### AGENCY PERFORMING INSPECTION

Company Name \_\_\_\_\_  
 Inspector Name \_\_\_\_\_  
 Address Street \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

### STERILIZATION FACILITY SUBJECT TO INSPECTION

Plant or Company Name \_\_\_\_\_  
 Address Street \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

### DATE(S) OF INSPECTION

\_\_\_\_\_

### Type of Sterilization Process Witnessed and Results

STEAM PRESSURE PROCESS		STREAMING STEAM PROCESS	
Steam chamber size (in feet)	Length _____ Width _____ Height _____	Steam room size (in feet)	Length _____ Width _____ Height _____
Is the chamber tight?	Yes (include photo) <input type="radio"/> No <input type="radio"/>	Are valved outlets provided for the steam room?	Yes (include photo) <input type="radio"/> No <input type="radio"/>
Does the boiler have a certificate of inspection?	Yes (include photo) <input type="radio"/> No <input type="radio"/>	If yes, check location(s) and include photos	Top of room _____ Bottom of room _____
Steam pressure utilized during sterilization was:	_____ pounds applied for _____ minutes	Are shelves in steam room made of an open type construction (i.e. lattice)?	Yes (include photo) <input type="radio"/> No <input type="radio"/>
Does the chamber have a steam pressure gauge?	Yes (include photo) <input type="radio"/> No <input type="radio"/>	Number of applications of steam injected	_____
Is the steam pressure gauge visible from outside the chamber?	Yes (include photo) <input type="radio"/> No <input type="radio"/>	Length of time of each application of steam?	_____
Maximum amount of product allowed in the chamber at any one time?	_____	What interval of time elapses between each application?	_____
Type of detergent used	_____	Type of detergent used	_____
		Maximum amount of product allowed in the chamber at any one time?	_____



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## STERILIZATION INSPECTION REPORT

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### DESCRIPTION OF STERILIZATION PROCESS

Describe, in detail with relative photos, 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:

- Feather and Down
- Wool
- Animal Hair (please specify types) \_\_\_\_\_

Attach photos (minimum of 3) of the process used, as well as a copy of the test results.

During this inspection I witnessed the entire operation from the raw, unwashed state to the point where the complete processed and washed material could be used as a fill material in finished consumer products.

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Inspector \_\_\_\_\_

FOR OFFICE USE ONLY

Code:	License:	Per. No.:
Customer #:	Date:	Year: