



UTAH DEPARTMENT OF AGRICULTURE AND FOOD

Apply and pay online at
<https://udafdms.utah.gov/>

Mailing Address
4315 South 2700 West
TSOB South Bldg, Floor 2
Taylorsville, UT 84129-2128

Contact us
Email: udaf-bedding@utah.gov
Phone: (801)982-2264

APPLICATION FOR STERILIZATION PERMIT

(1106) (Do not use this form for a renewal)

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.

1) 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 _____

2) Is a **Parent Company or Facilitator** handling your permits and future renewals? Yes No

Parent Company or Facilitator Name _____

Mailing Address _____

Phone Number _____ E-mail _____

STERILIZATION PERMIT	Permit fee \$105.00
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 not transferable . **	

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 _____

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