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MEDICAL CENTER TESTING REPORT

Save More than Money... Save Lives

Date: December 4th, 2012

Testing of Efficacy at a Medical Center in Central Florida with Viking Pure™ Hypochlorous Acid (HOCl)

All testing was conducted on the 4th day of December, 2012 at a Medical Center located in Central Florida at approximately 9:30am.

Testing was conducted by Walter Warning III (Vice President, Viking Pure™ LLC) with a calibrated Hygiena™ ATP Meter (P/N:019342) & Aquasnap™ Test Swabs (P/N: AQ-100 X) purchased from www.hygiena.net with a Bio. Med. Tech. at the Medical Center

Materials:

1. Hygiena™ ATP Meter (P/N:019342)
2. Aquasnap™ Test Swabs (P/N: AQ-100 X)
3. Spray Bottle (Provided by Viking Pure™)
4. Hypochlorous Acid (HOCl) 300ppm of Free Chlorine produced by the Viking Pure™ 1000 Electrolyzed Water System
5. Clean Microfiber Cloths (provided by Viking Pure)

Hygiena Levels of Clean	RLU Readings
Ultra Clean <i>Sterile Surfaces and Foods Prep Areas</i>	0-10
Very Clean <i>Critical Touch Points</i>	11-30
Good Clean <i>Floor Requirement, and typical Microfiber Towel Performance</i>	31-80
Somewhat Dirty <i>Caution: Surface should be cleaned and has some risk of contamination from disease-causing bacteria (typical mopping practices perform in this range)</i>	81-200
Dirty <i>Warning: Surface needs cleaning and has medium risk of contamination from disease-causing bacteria</i>	201-500
Very Dirty <i>Danger: Surface needs cleaning and has medium to high risk of contamination from disease-causing bacteria</i>	501-1000
Filthy <i>Danger: Surface needs cleaning and has high risk of contamination from disease causing bacteria</i>	>1000

ATP Measurement Technique:

1. Remove swabs from cooler (allow 10 minutes at room temperature).
 2. Turn on meter (press red button) and allow for self-test and calibration (60 seconds).
 3. After calibration is complete, remove fresh swab from tube. For flat surfaces outline a 4 x 4 inch area with the swab tip (if swab tip is dry discard and replace). Rub swab tip back and forth over the area. Rotate the swab as you rub. Repeat swabbing in the perpendicular direction. For other surfaces (door knobs, sink handles, etc), swab the entire surface and repeat same pattern each time.
 4. Return swab into tube. Snap the end with the fluid both directions. Holding vertically, shake swab 3 times.
 5. Open lid of meter and put in the swab, tip-end first. Close lid.
 6. Holding the meter vertically, immediately press OK. Wait for reading. Record information.
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Test Phase #1

This first phase of testing was conducted in the “Waiting Room” on the Front Counter/Patient Check-in.

a. To do this test, I followed the ATP Meter Measurement Techniques as listed above. Once the meter was set, I then swabbed a 4 Sq/in area on the counter and inserted it into the ATP Meter and pressed start. There is a 15 second count down where the meter is analyzing the swab. This reading came back as **45 RLU**. Once this reading was recorded, I then removed the swab and discarded it.

b. I then sprayed the same surface with HOCl and immediately wiped the area with a clean rag. The time between spraying and wiping was approximately 10-15 seconds. Using the same protocol as the first test, then swabbed, with a new swab, the area just sanitized with HOCl and tested that swab in the ATP Meter. The meter reported as **12 RLU**.

Other Notes: *This counter was cleaned that morning with a Bleach compound and had yet had much interaction with any patients yet*

Test Phase #2

- a) This phase of testing was conducted in the “Patient Treatment Room”. In this test I tested a Table that is attached to each treatment chair that the patient rests their arm on during treatment. The tech. explained to me that this table will generally be exposed to blood as some ports may seep while removing the IV’s. The tech. and I both witnessed a patient exiting this chair just prior to testing. Using the same protocol as in Phase #1, I tested a 4 Sq/in area. This reading came back at **1634 RLU**.
- b) Following the same protocol in part b of Phase #1 I then sprayed, wiped and re-swabbed the area. After placing swab into Meter, the reading came back at **1 RLU**.



Other Notes: *As previously stated this chair was used just prior to testing. There was a slight amount of blood on the table and the gauze was still present on the corner of the table when testing was conducted.*

Test Phase #3

This phase of testing was done in the “Patient Treatment Room” on the door handle leading into the patient restroom.

a. In this test we tested the door handle leading into the restroom that all patients have access to in the treatment room. Following the same protocol as in part “a” of Phase 1, I swabbed the door handle and inserted this swab into the meter. This reading came back as **5,395 RLU**.

b. Following the same protocol as part “b” in Phase 1 I sprayed, swabbed and inserted the swab into the meter. This test came back with and reading of **63 RLU**.

Other Notes: *This door had the highest initial RLU reading in the entire facility with the most dramatic drop after Viking Pure HOCl treatment.*



Test Phase #4

This phase of testing was conducted again in the “Patient Treatment Room”, but on the inside of the restroom door handle leading back into the “Patient Treatment Room”.

a. In this test we tested the door handle, inside the patient restroom, leading back into the “Patient Treatment Room”. Following the same protocol as previous phases I swabbed and inserted swab into the meter. This reading came back at **133 RLU**.

b. I, using the same protocol as part “b” in Phase 1, the treated surface with HOCl and re-swabbed. This time the reading came back as **6 RLU**.

Other Notes: *This initial reading came back lower than the outside reading (see Phase #3) due to the patients washing their hands before exiting.*

Test Phase #5

This test was conducted in the “Patient Treatment Room” directly outside the patient restroom on the floor.

a. In this test I, following all the same protocol as in previous steps of Part “a” of Phase 1, swabbed the floor directly outside of the door leading from the patient restroom to the treatment area. This test came back with a reading of 117 RLU.

b. Following the same protocol as part “b” in Phase 1 I treated the surface with HOCl and retested. This returned an RLU of 1.

Other Notes: *I was informed by the tech. that this floor was just recently waxed and it was cleaned the night before this test was conducted.*

Test Phase #6

This final test was conducted in the “Patient Treatment Room”.

a. In this test we tested the Television remote control that is attached to each station for the patient to use. Following the same protocol as in part “a” of Phase 1 I swabbed and tested the area. The test came back with an RLU reading of 182.

b. Following the same protocol as in part “b” of Phase 1 I treated the control with HOCl and retested. This test revealed a reading of 8.

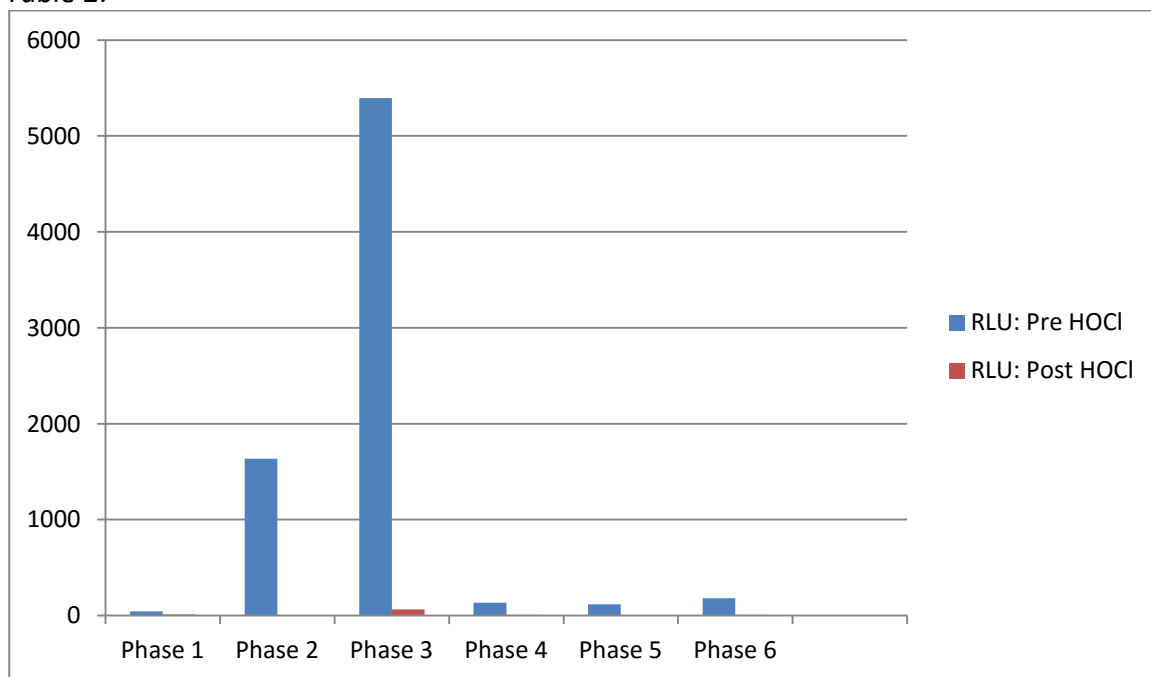
Other Notes: *This remote was used by a patient the morning of the testing.*



Table 1:

Test Area	RLU: Pre-HOCI	RLU: After HOCI
Front Counter (P.1)	45	12
Chair Table (P.2)	1,634	1
Restroom Handle, In (P.3)	5,395	63
Restroom Handle, Out (P.4)	133	6
Floor (P.5)	117	1
TV Remote (P.6)	182	8

Table 2:



I, Walter Warning III, do verify all of the above data is correct and accurate to the best of my knowledge. I have not changed, misrepresented or edited any of the information thus listed. I will attest to this data as it is compiled and will submit to any questions thus requested by any party outside of the parties present at the time of testing to verify its validity.

_____/_____/_____
Walter Warning III, Vice President (Viking Pure, LLC)

Note: All testing was conducted under the witness of the Bio. Med. Tech. of the medical center