

Decontamination Clearance Certificate



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|---|-----------------------|------------------------|
| For the Inspection, Repair or Return of Medical, Laboratory or Industrial Equipment. | | |
| Prior to a Service Engineer working on equipment that has been in an environment where substances hazardous to health may have been used, you are requested to provide the following information: | | |
| CUSTOMER DETAILS | | |
| Company:- | Address:- | |
| Department:- | | |
| Contact Name:- | | |
| Tel No:- | | |
| Fax No:- | Post Code:- | |
| Product Description | | |
| Cat/Model No:- | Serial No:- | |
| Has the equipment been exposed to any of the following, Please answer all questions by deleting YES/NO as applicable and by providing details in section 2 below. | | |
| A. Blood, body fluids, Pathological specimens | YES/NO | Provide details if YES |
| B. Biodegradable material that could become a hazard | YES/NO | Provide details if YES |
| C. Other biohazard | YES/NO | Provide details if YES |
| D. Chemical or substances hazardous to health | YES/NO | Provide details if YES |
| E. Radioactive substances State name(s) and quantities of isotopes and checks made for residual activity | YES/NO | Provide details if YES |
| F. Other hazards | YES/NO | Provide details if YES |
| 2. Please provide details of any hazard present as indicated above. Include details of names and quantities of agents as appropriate:- | | |
| 3. Your method of decontamination (please describe):- | | |
| 4. Are there likely to be any areas of residual contamination (please specify) | | |
| I declare that the above information is true and complete to the best of my knowledge and belief. | | |
| Authorised signature:- | Name (please print):- | |
| Title/Position:- | | |
| For and behalf of:- | Date:- | |

