

Decontamination Clearance Certificate

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:-
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1. 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:	
Position:		Date:	
For and behalf of:			