

## DECONTAMINATION CERTIFICATE

*For the Inspection, Servicing, Repair or Return of Laboratory Product*

Description of Product: ..... Serial / Batch No: .....

..... Manufacturer's Return Ref: .....

Model / Catalogue No: ..... Customer Ref. / Order No: .....

**A) Has this product been exposed internally or externally to any of the following?  
(Please answer each question by placing a X under YES or NO and give details in section B below)**

	YES	NO		YES	NO
1. Blood, body fluids, pathological specimens.	<input type="checkbox"/>	<input type="checkbox"/>	4. Chemicals or substances hazardous to health.	<input type="checkbox"/>	<input type="checkbox"/>
2. Any other biohazard.	<input type="checkbox"/>	<input type="checkbox"/>	5. Radioactive substances <small>(Provide details below including names of isotopes, quantities and checks made for residual activity)</small>	<input type="checkbox"/>	<input type="checkbox"/>
3. Biodegradable material that could become a hazard.	<input type="checkbox"/>	<input type="checkbox"/>	6. Other hazards.	<input type="checkbox"/>	<input type="checkbox"/>

**B) Give details of hazardous materials that the product has been exposed to, as indicated above, including details of names and quantities of agents and any relevant safety data sheets:**

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**\*\*\* IF ANY HAZARDOUS MATERIALS HAVE BEEN USED, DECONTAMINATION MUST BE CARRIED OUT \*\*\***

**C) Your method of decontamination (use continuation sheet if necessary):**

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**D) Are there likely to be areas of residual contamination by materials specified in section A or B above? (e.g. difficult areas to access during decontamination):**

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**I declare that the information given above is true and complete to the best of my knowledge and belief.**

**Authorised signature:** ..... **Date:** .....

**Name:** ..... **Position:** .....

**Company / Organisation:** .....

**Address:** .....

**Tel:** ..... **Country:** .....

**E-mail:** .....