

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. Yes/No:
 Provide details if YES:

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:			