

Decontamination Certificate



Please complete in full and attach to the outside of packaging, or in a location where it can be seen prior to our staff handling the item.

Job No: Customer Ref:

Model: Serial No:

Contact: Company:

Email: Address:

Phone: Postcode:

In the absence of the customer's own form of certificate, all questions on this form must be completed by a responsible member of staff PRIOR TO ANY WORK BEING STARTED BY CAMLAB PERSONNEL.

Please note that Camlab personnel are strictly instructed to NOT work on any equipment which may have been exposed to hazardous materials until proper decontamination procedures have been completed. Camlab reserve the right to levy a charge, at current rates, for any time lost and other costs incurred as a result of this requirement not being met.

a) Please tick the appropriate box if the equipment has been exposed internally or externally to any of the following:-

<p>Blood, body fluids pathological specimens (Provide details below) <input type="checkbox"/></p> <p>Biodegradable material which may become a hazard (Provide details below) <input type="checkbox"/></p> <p>Radioactive substances State below name(s) and quantities of isotopes and checks made for residual activity <input type="checkbox"/></p>	<p>Chemicals or substances hazardous to health (Provide details below) <input type="checkbox"/></p> <p>Other hazards/biohazards (Provide details below) <input type="checkbox"/></p> <p>NO HAZARDS APPLICABLE Equipment must not have been exposed to any hazardous substances at any time <input type="checkbox"/></p>
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- b) Please provide further details relating to the hazards identified above. Include names and quantities of hazardous materials as appropriate.
- c) What method(s) of decontamination have you used?
- d) Are there likely to be any areas of residual contamination?

Privacy Policy & Agreement

I understand that by signing this form, this information will be retained for a maximum of 7 years and will only be used for the purposes intended it will not be passed to any third party unless there is a legal reason or work purpose to do so. I declare that the above information is true and complete to the best of my knowledge and belief and that decontamination procedures used are appropriate to the potential hazard.

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Authorised Signature Position

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Name (please print) Date

