



## DECONTAMINATION CERTIFICATE

Company..... Position.....  
 Contact..... Department.....  
 Address..... Tel:.....  
 ..... Fax:.....  
 ..... Email:.....  
 County..... Post Code.....

**Customer Order No:** ..... **Quotation No.**.....  
**VAT Exempt? YES/NO (If YES, please include certificate)** **Service Level: Gold/Silver/Bronze (please circle)**

Pipette Model(s)	Serial Number(s)
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

(please use overleaf if you have additional pipettes)

A. Has the equipment been exposed (internally or externally) to any of the following. Please answer all questions by deleting (Yes/No) as applicable and by providing details in Section B below.

- |   |  |     |    |     |    |     |    |   |  |     |    |     |    |     |    |
|---|--|-----|----|-----|----|-----|----|---|--|-----|----|-----|----|-----|----|
| <p><b>1. Blood, body fluids, pathological specimens</b><br/>Provide details below</p> <p><b>2. Other Biohazard</b><br/>Provide details below</p> <p><b>3. Biodegradable material that could become a hazard</b><br/>Provide details below</p> | <table border="1" style="margin-bottom: 10px;"> <tr><td>Yes</td><td>No</td></tr> </table> <table border="1" style="margin-bottom: 10px;"> <tr><td>Yes</td><td>No</td></tr> </table> <table border="1"> <tr><td>Yes</td><td>No</td></tr> </table> | Yes | No | Yes | No | Yes | No | <p><b>4. Chemicals or substances hazardous to health</b><br/>Provide details below</p> <p><b>5. Radioactive substances</b><br/>Provide details below</p> <p><b>6. Other Hazards</b><br/>Provide details below</p> | <table border="1" style="margin-bottom: 10px;"> <tr><td>Yes</td><td>No</td></tr> </table> <table border="1" style="margin-bottom: 10px;"> <tr><td>Yes</td><td>No</td></tr> </table> <table border="1"> <tr><td>Yes</td><td>No</td></tr> </table> | Yes | No | Yes | No | Yes | No |
| Yes   | No   |     |    |     |    |     |    |   |  |     |    |     |    |     |    |
| Yes   | No   |     |    |     |    |     |    |   |  |     |    |     |    |     |    |
| Yes   | No   |     |    |     |    |     |    |   |  |     |    |     |    |     |    |
| Yes   | No   |     |    |     |    |     |    |   |  |     |    |     |    |     |    |
| Yes   | No   |     |    |     |    |     |    |   |  |     |    |     |    |     |    |
| Yes   | No   |     |    |     |    |     |    |   |  |     |    |     |    |     |    |

B. Please provide details of any hazard present as indicated above. Include details of names and quantities of agents as appropriate.

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C. Please describe your method of decontamination

.....  
.....

D. Are there likely to be 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 (printed)..... Date.....

