



Decontamination Certificate

From (consignor):.....	To (consignee):.....
Address	Address
.....
.....
Reference	Reference
Emergency Tel	

Type of Equipment Manufacturer

Description of equipment

Other Identifying marks

Model No. Serial No.

Fault

Is the item contaminated? **Yes*** **No** **Don't Know**

* State type of contamination: blood, body fluids, respired gases, pathological samples, chemicals, radioactive material or any other hazard

Has the item been decontaminated? **Yes†** **No‡** **Don't Know**

† What method of decontamination has been used? Please provide details

Cleaning

Disinfection

Sterilization

‡ Please explain why the item has **not** been decontaminated?
.....

Contaminated items should not be returned without prior agreement of the recipient

This item has been prepared to ensure safe handling and transportation:

Name Position

Signature Tel

Date