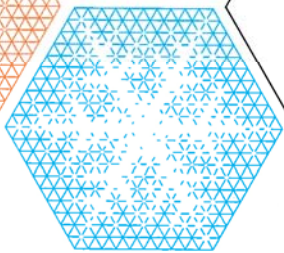
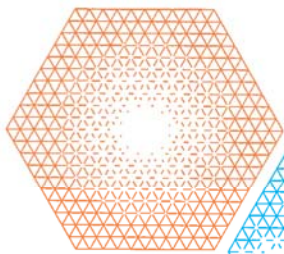


# Decontamination Report



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## Contamination



COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ TEL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
\_\_\_\_\_  
EMAIL: \_\_\_\_\_  
\_\_\_\_\_  
POSTCODE: \_\_\_\_\_

PIPETTE MODEL

SERIAL NUMBER

<u>PIPETTE MODEL</u>	<u>SERIAL NUMBER</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### THE SECTION BELOW MUST BE COMPLETED IN ALL CASES

PLEASE STATE WITH WHICH POTENTIALLY HAZARDOUS SUBSTANCES THE PIPETTES HAVE BEEN USED OR MAY HAVE BEEN EXPOSED TO (IF NONE, THEN STATE NONE)  
this includes any blood, serums or other body fluids, pathological specimens, carcinogens, toxins, hazardous or other chemicals.

\_\_\_\_\_  
\_\_\_\_\_

PLEASE STATE BY WHICH METHOD THE PIPETTES HAVE BEEN DECONTAMINATED:

\_\_\_\_\_  
\_\_\_\_\_

ARE THERE ANY SPECIAL HANDLING PROCEDURES THAT SHOULD BE OBSERVED DURING SERVICE PROCESS?

\_\_\_\_\_  
\_\_\_\_\_

I DECLARED THAT THE ABOVE INFORMATION IS CORRECT AND THAT, TO THE BEST OF MY KNOWLEDGE THE PIPETTES ARE FREE FROM CONTAMINATION:

SIGNED: \_\_\_\_\_ NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_