



Certificate of Decontamination

Customer Information

Facility: _____
 Address: _____

 Phone: _____ Fax: _____
 Email: _____
 Contact: _____
 Date Faxed: _____

Instrument Information

Model: _____ Serial Number: _____
 Reason for Return Preventive Maintenance Service Repair Other _____
 Explanation of Problem (if applicable) _____

Decontamination Information

Decontamination Performed?: YES NO N/A (Not Applicable)

If NO or N/A, state reason why decontamination WAS NOT performed.

What chemical, infectious, toxic, or radioactive substances have been in contact with this item?

Authorization

By accepting authorization to return this product, the user assumes all responsibility and liability for biological, chemical, and radiological decontamination and cleaning. MedTec reserves the right to refuse delivery of products that do not appear to have been properly decontaminated. If the product was used with radioactive material, the signature of the Radiation Safety Office is required.

By signing below, the user declares that the instrument listed has never been exposed to any hazardous biological material or that is has been decontaminated to remove or deactivate any biological material, chemical, infectious, toxic, or radioactive substance that could be dangerous to Service Personnel.

Signed: _____
 Signature _____ Date _____
 Name _____ Title _____