**EQUIPMENT DECONTAMINATION CERTIFICATE**

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| --- | --- | --- | --- | --- |
| **Equipment Details** | | | | |
| Type: | | Manufacturer: | | |
| Model No: | | Serial No: | | |
| **Purpose of Decontamination** | | | | |
|  | | | | |
| **Decontamination** *(Tick and complete the appropriate sections below)* | | | | |
| 1. The equipment described above has not been exposed to any biological agents, clinical material, hazardous chemicals or radioisotopes. Therefore no special precautions are necessary to protect against contamination when handling the equipment. | | | |  |
| 1. The equipment described above may have been exposed to hazardous materials. However, decontamination has been carried out as detailed below and no further precautions are necessary to protect against contamination when handling the equipment. | | | |  |
| Possible Contaminants: | | | | |
| Biological Agents or GMOs |  | Hazardous Chemicals |  | |
| Clinical Material |  | Radioisotopes |  | |
| Other (Specify) |  |  |  | |
| Decontamination Procedure Undertaken: | | | | |
| 1. Complete decontamination of the equipment cannot be practicably achieved and some residual contamination may remain.   Describe the nature of the residual contamination and the precautions to be observed when handling the equipment. | | | |  |
| **Declaration/Signature** (*to be completed by the person responsible for the equipment)* | | | | |
| I, the undersigned, confirm that all the details described are correct. | | | | |
| Name: | | Position: | | |
| Signature: | | Date: | | |
| **Laboratory Manager Authorisation** | | | | |
| Name: | |  | | |
| Signature: | | Date: | | |

**IMPORTANT**

**It is the responsibility of the user to ensure that equipment has as far as reasonably practicable been decontaminated in accordance with the manufacturer’s instructions and the CBE Code of Practice for decontamination of equipment prior to inspection, service, repair, relocation or disposal and is free from Biological, Chemical and Radiological contamination.**