



HEALTH AND SAFETY AT WORK ACT  
DECONTAMINATION CERTIFICATE

Any product which is to be returned to Mediwatch UK Limited or serviced on site shall be cleaned and decontaminated in the appropriate manner.

This certificate, duly completed, must be either sent in advance of receiving the equipment for return (firmly affixed to the outer packing containing the product), or handed to the service engineer.

Packages will not be opened nor servicing commenced until the Company or service engineer have received a satisfactory certificate. Should returned goods be considered a hazard by the Company, they will be returned immediately to the customer at his/her expense.

Description: .....

Product Code: ..... Serial Number: .....

Order/RAN Number: ..... Quantity: .....

Tick/Check Box A or B, as applicable.

**A. [ ]** This equipment has not been in contact with any biohazards or other substances which could be considered hazardous to health.

**B. [ ]** This equipment has been exposed internally or externally to hazardous materials. Please complete all sections if B applies, providing further information as required.

- |    |  | Y                        | N                        |
|----|--|--------------------------|--------------------------|
| 1. | Blood, body fluids, pathological samples | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Other biohazards                         | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Chemicals/substances hazardous to health | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Other hazards                            | <input type="checkbox"/> | <input type="checkbox"/> |

Provide further details here:.....

.....

- |    |   | Y                        | N                        |
|----|---|--------------------------|--------------------------|
| 2. | This equipment has been cleaned and decontaminated: | <input type="checkbox"/> | <input type="checkbox"/> |

If **YES**, give details of the methods: .....

.....

If **NO\***, please indicate why not: .....

.....

\* Such equipment must not be returned without the written agreement of Mediwatch UK Limited.

Provide further details here: .....

.....

- |    |   | Y                        | N                        |
|----|---|--------------------------|--------------------------|
| 3. | The equipment has been prepared to ensure safe handling and transportation. | <input type="checkbox"/> | <input type="checkbox"/> |



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Signature:.....

Name: ..... (Block Capitals)

Position: .....

Date: .....

Institute: .....

Department: .....

Address .....

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.....

.....

Postcode .....

Telephone: ..... Extn: .....

Facsimile: .....