

DECONTAMINATION CERTIFICATE



VWR RETURNS REFERENCE

Please contact your local VWR representative to arrange the return of your item. They will confirm a returns reference which should be added to this form and returned with the item to the address on page 2 of this form

Bearing in mind our mutual responsibilities under the Health and Safety at Work etc. Act 1974 please complete the following questions in full for the inspection repair or return of medical, laboratory or industrial equipment. Non-completion may result in a delay in processing your request. PLEASE COMPLETE FORM IN BLOCK CAPITALS

CUSTOMER CONTACT:
FULL ADDRESS:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

MODEL :

REPORTED FAULT/REASON FOR RETURN:

SERIAL NUMBER :

Has the equipment been used?

Yes ☐

No ☐

Please tick appropriate box

When was this instrument decontaminated?

Date:

What was the contaminant?

Chemical ☐

Biological ☐

Radioactive ☐

Other ☐

Please tick Appropriate box

Please Specify:

Has this been dismantled for decontamination?

Yes ☐

Give Details –

Not Applicable ☐

No ☐

What other precautions must be observed in handling this instrument?

I confirm that this instrument is free of contamination and can be dismantled without danger.

Authorised Signature:

Name (please print)

Position:

Date:



**F.A.O. RETURNS DEPARTMENT
JENCONS LIQUID HANDLING DEPARTMENT
VWR INTERNATIONAL
HUNTER BOULEVARD
MAGNA PARK
LUTTERWORTH
LEICESTERSHIRE
LE17 4XN
UNITED KINGDOM**