

DECONTAMINATION REPORT



PIPETTE DOCTOR

COMPANY: _____	CONTACT: _____
DEPARTMENT: _____	TEL: _____
ADDRESS: _____	FAX: _____
_____	EMAIL: _____
_____	POSTCODE: _____

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

PLEASE STATE WITH WHICH POTENTIALLY HAZARDOUS SUBSTANCES THE PIPETTES HAVE BEEN USED OR MAY HAVE BEEN EXPOSED TO (this includes any blood or serums, body fluids, pathological specimens, carcinogens, toxins, hazardous chemicals or radioactive substances)

PLEASE STATE BY WHICH METHOD THE PIPETTES HAVE BEEN DECONTAMINATED:

If used with radioactive substances, please tick box to confirm that you have tested for residual emission from your instrument(s) and it is safe according to relevant EC directive.

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: _____