Appendix 2

**Certificate of Decontamination**

|  |  |
| --- | --- |
| Item |  |
| Make |  |
| Model |  |
| Serial number |  |
| Room number |  |

**Table 1 – Exposure history and decontamination procedure**

|  |  |
| --- | --- |
| *This equipment has been in contact with blood, other body fluids, respired gases, pathological samples or radioactive material.*  If ‘YES’ to above please continue through tables 2 and/or 3. If ‘NO’ please sign at the bottom | YES / NO |
| *Has it been cleaned in preparation for inspection, servicing, repair or transportation***?**  Please provide information regarding decontamination procedure including chemicals/cleaners used and method: | YES / NO |

**Table 2 – Exposure record. This equipment been exposed to:**

|  |  |
| --- | --- |
| Blood, body fluids, respired gases, pathological samples | YES / NO |
| Other biohazards – please provide details | |
| Chemicals or substances hazardous to health | YES / NO |
| Radioactive materials | YES / NO |
| Other hazards – please provide details |  |
| Has the equipment been suitably prepared to ensure safe handling/transportation? | YES / NO |

**I declare that I have taken all reasonable steps to ensure the accuracy of the above information.**

|  |  |
| --- | --- |
| **Signature** |  |
| **Name (print)** |  |
| **Position** |  |
| **Date** |  |
| **Countersignature by supervisor or Facilities team member** | |
| **Signature** |  |
| **Name (print)** |  |
| **Position** |  |
| **Date** |  |