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| --- | --- | --- | --- | --- | --- |
| **Medical School Stores** | **Decontamination Certificate** | | | | |
| **Department**  Click here to enter text. | **Requisition Number**  Click here | | **Stock Reference**  Click here | | |
| **Reason for return**  Click here to enter text. | | | | | |
| **Have these goods been exposed internally or externally to any of the following?** | | | | **YES** | **NO** |
| 1. Blood, body fluids, pathological specimens 2. Other biohazard 3. Chemicals or substances that are hazardous to health 4. Biodegradable material that could become hazardous 5. Radioactive sources 6. Other hazard | | | | | |
| **Provide details of any hazard declared above**  Click here to enter text. | | | | | |
| **Describe the methods of decontamination including details of decontamination agents used**  Click here to enter text. | | | | | |
| **Are there likely to be any areas of residual contamination? Please give as much detail as possible**  Click here to enter text. | | | | | |
| **DECLARATION – I declare that the information provided is true and complete to the best of my knowledge and belief.** | | | | | |
| **Name** Click here to enter text. | | | | | |
| **Signature** Click here to enter text. | | | | | |
| **Department** Click here to enter text. | | | | | |
| **Position** Click here to enter text. | | | | | |
| **Contact No.** Click here to enter text. | | **Date** Click here to enter a date. | | | |

**↓Stores use only↓**

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| --- | --- | --- | --- |
| Approved? | YES | NO | Signature |
| Reason if not approved | | | Click here to enter text. |
| Returns number | | | Click here to enter text. |