|  |  |
| --- | --- |
| **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↓**

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