

DECONTAMINATION STATEMENT

To: Calibration Technology Ltd.,
 Innovation Works,
 National Technology Park,
 Limerick.

Please tick appropriate box below.

Pipettes not used with hazardous materials

I confirm that these pipettes are not used with any hazardous substances or materials

Pipettes used with hazardous materials

I confirm that these pipettes that although used with hazardous materials have been carefully cleaned and decontaminated from bacteriological, virological, chemical or radioactive contamination and have not been exposed to any other hazardous liquids. I confirm that they are safe for handling by your **Calibration Scientists or Employees**. I will provide you with proof that our decontamination procedures are appropriate if required.

To assist us with your calibration reminders, please indicate your required calibration interval: _____
 (If left blank, default will be 6 months)

Please provide details (if applicable) of any faults or any specific service information/requirements:

Your Purchase Order Number for this batch of pipettes: _____

Authorised Signature _____ Date _____

Name (Printed) _____ Position _____

Company _____ Department/
 Laboratory _____

Address _____ Tel: _____

Fax: _____

Email: _____

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Location	Kernel Root\Safety Manual\Forms	Print Status	UNCONTROLLED	