

DECONTAMINATION STATEMENT

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: _____

Date _____ Position _____

Name (Printed) _____ Company _____

Authorised Signature _____

Address _____

Tel: _____ Email: _____

Office Use Only:

Pipettes Inward

Number of Multichannels _____

Number of Single Channels _____

Tips received _____

Checked By _____

Date of Receipt _____

Pipettes Outward

Number of Multichannels _____

Number of Single Channels _____

Tips Shipped _____

Checked By _____

Date of Shipping _____