

## Decontamination Statement for CTL In-House

### Safety Manual Form

Authorised by: Keith Hoare

Role: Health & Safety Rep

**\*Please affix this signed decontamination form to the outside of the box when submitting the devices**  
 The fully completed decontamination declaration is a prerequisite for the acceptance and further processing of your service. If your shipment is not accompanied with this declaration, processing will be delayed until receipt of your decontamination certificate.

Please tick appropriate box below

#### Devices not used with hazardous materials

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

#### Devices used for Covid-19 Testing

I confirm that these devices have been used for COVID-19 testing. The following process was used for their decontamination:

#### Devices used with hazardous materials

I confirm that these devices 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 external surfaces are safe for handling by your **Calibration Engineers or Employees**. Gloves should be worn when opening devices for repair.

#### Laboratory Bio Safety Level (If applicable)

Please specify the bio safety level where the device was used (S1-S4): S1 S2 S3 S4

To assist with your calibration reminders, indicate your required calibration frequency: \_\_\_\_\_

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

Your Purchase Order Number for this batch of devices \_\_\_\_\_

Date \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Authorised Signature \_\_\_\_\_

Tel \_\_\_\_\_ Name (Printed) \_\_\_\_\_

Email \_\_\_\_\_

Privacy information according to Articles 13 and 14 GDPR: <http://www.eppendorf.com/gdpr>

-----Office Use Only-----

#### Devices Inward

Number of Multichannels \_\_\_\_\_

Number of Single Channels \_\_\_\_\_

Tips received \_\_\_\_\_

Checked By \_\_\_\_\_

Date of Receipt \_\_\_\_\_

Time of Receipt \_\_\_\_\_

#### Devices Outward

Number of Multichannels \_\_\_\_\_

Number of Single Channels \_\_\_\_\_

Number of OOS Units \_\_\_\_\_

Tips Shipped \_\_\_\_\_

Checked By \_\_\_\_\_

Date of Shipping \_\_\_\_\_