



Mast House, Derby Road, Bootle, Merseyside L20 1EA, United Kingdom.  
Tel: +44 (0)151 933 7277 Fax: +44 (0)151 944 1332  
www.mastgrp.com

## ***Decontamination Certificate***

Decontamination Prior To Inspection,

Servicing Or Repair Of Medical And Laboratory Equipment

1. We are seeking co-operation from all our customers to ensure that our staff are not exposed to health risks arising from exposure to residues of hazardous or potentially hazardous materials.
2. We require an authorised Decontamination Certificate for all equipment which we service, maintain or repair on site, or which is returned to our premises, or after a period of loan or demonstration.
3. Under the Health and Safety at Work Act 1974 (c.37 Pt. 1.3-(1). "It shall be the duty of every employer to conduct his undertaking in such a way as to ensure, so far as is reasonably predictable, that persons not in his employment who may be affected thereby are not thereby exposed to risks to their health or safety."
4. We reserve the right to delay the commencement of any work until such a Decontamination Certificate has been completed by the customer evidencing that the equipment has been decontaminated and is free from significant health or safety risks.
5. Where equipment is being returned to our premises we ask you to first contact the Customer Services Manager - See Para 7. You will be issued with a "Returns Authorisation Number" which will be your reference for future correspondence. You will be required to include a signed Decontamination Certificate within the packaging in an easily accessible place. A Returns Authorised label must be attached to the outside of the packing where it can be clearly seen.
6. IN ALL CASES WE REQUIRE COMPLETION BY THE CUSTOMER OF A SIGNED DECONTAMINATION CERTIFICATE.
7. All enquiries regarding Returns Authorisation, queries, this form and its use should be directed to:

THE CUSTOMER SERVICES MANAGER  
**MAST GROUP LTD.,**  
Mast House,  
Derby Road,  
Bootle,  
Merseyside L20 1EA  
United Kingdom



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TO: (Manufacturer/Supplier)

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.....  
.....

Make & Description of equipment:

.....  
.....  
.....

Returns Authorisation Ref: .....

Model/Serial/Batch No: .....

Customer's Ref/Order No .....

Other distinguishing Marks: .....

A. Has this equipment been exposed **internally or externally** to any of the following. Please answer all questions by deleting **Yes/No** as applicable and by providing details in Section B below.

- |  |               |   |               |
|--|---------------|---|---------------|
| 1. Blood, Body fluids, pathological specimens                                  | <b>YES/NO</b> | 4. Chemicals or substance hazardous to health<br>Provide details below  | <b>YES/NO</b> |
| 2. Other biohazard.<br>Provide details below                                   | <b>YES/NO</b> | 5. Radioactive substances. State below names and quantities<br>of isotopes and checks made for residual activity. | <b>YES/NO</b> |
| 3. Biodegradable material that could become a hazard.<br>Provide details below | <b>YES/NO</b> | 6. Other hazards<br>Provide details below   | <b>YES/NO</b> |

B. Please provide details of any hazard present as indicated above. Include details of names and quantities of agents as appropriate.

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C. Your method of decontamination (please describe)

.....  
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D. Are there likely to be areas of residual contamination (please specify)

.....  
.....

I declare that the above information is true and complete to the best of my knowledge and belief.

Authorised Signature: .....

Date: .....

Name (Printed): .....

Position: .....

Customer's Name: .....

Dept .....

Address: .....

Tel: .....

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