

**QUALITY SYSTEM – FORM**

**DECLARATION OF CONTAMINATION STATUS**

***To be completed prior to the inspection, servicing, repair, decommission or return of medical and laboratory equipment***

**SBS Contact Name:**

**Equipment/Item Model:**

**Serial No:**

**Establishment:**

**Tick either option A, B or option C and complete all additional information as appropriate.**

**A. This equipment/item has not been contaminated with any hazardous material**

It has not been used in any invasive procedure or been in contact with blood, other body fluids, respired gases, pathological samples or any other hazardous material. It has been cleaned in preparation for inspection, servicing, repair, decommissioning or transportation.

# B. This equipment is contaminated

This equipment/item has been exposed either internally or externally to hazardous materials as indicated below and has not been decontaminated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  | Blood, body fluids, respired gases, pathological samples |
| **Yes** |  | **No** |  | Chemicals, compounds or substances hazardous to health, (specify below) |
| **Yes** |  | **No** |  | Any ‘Other’ hazardous materials including biohazards, (specify below) |
| Hazard details and rationale for failure to decontaminate: | | | | |

# C. This equipment has been decontaminated

This equipment/item has been exposed either internally or externally to hazardous materials as indicated below and has been decontaminated in accordance with the manufacturers recommended procedure or equivalent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  | Blood, body fluids, respired gases, pathological samples |
| **Yes** |  | **No** |  | Chemicals, compounds or substances hazardous to health, (specify below) |
| **Yes** |  | **No** |  | Any ‘Other’ hazardous materials including biohazards, (specify below) |
| **Yes** |  | **No** |  | External surfaces decontaminated? |
| **Yes** |  | **No** |  | Internal surfaces and contaminated fluid paths decontaminated? |
| Hazard details and method of decontamination: | | | | |

***Contaminated equipment/items must not be returned/presented without the prior agreement of the recipient whose reference or contact name must be given above. It should be handled using universal precautions against Bloodbourne Pathogens and chemical exposure.***

**I declare that I have taken all steps so far as reasonable practicable to ensure the accuracy of the above information, in accordance with the Health Service Guideline HSG(93)26 & MHRA Device Bulletin DB 2006(05).**

**Authorised Signature: Date:**

**Name (printed): Tel No.:**

**Position: E-mail:**

Revision Number:

Date of Revision:

Updates:

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