



QUALITY SYSTEM – FORM

DECLARATION OF CONTAMINATION STATUS

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

Establishment: _____	Equipment/Item Model: _____ Serial No: _____ SBS Contact Name: _____
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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	<input type="checkbox"/>	No	<input type="checkbox"/>	Blood, body fluids, respired gases, pathological samples
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Chemicals, compounds or substances hazardous to health, (specify below)
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	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	<input type="checkbox"/>	No	<input type="checkbox"/>	Blood, body fluids, respired gases, pathological samples
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Chemicals, compounds or substances hazardous to health, (specify below)
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Any 'Other' hazardous materials including biohazards, (specify below)
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	External surfaces decontaminated?
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	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 Bloodborne 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:** _____

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