

Equipment Decontamination Form

INSTRUMENTS WITHOUT A COMPLETED DECONTAMINATION FORM WILL BE REFUSED INTERVENTION

COMPANY NAME: _____ **DATE:** _____

ADDRESS: _____

CONTACT NAME: _____ **DEPT/BUILDING:** _____

TEL NO: _____ **PO. NO:** _____

SERVICE ORDER NUMBER: _____ **EMAIL:** _____

NATURE OF WORK TO BE CARRIED OUT (Please indicate) Preventative Maintenance Repair Relocation /Other Calibration

WHICH BUSINESS SECTOR OR ENVIRONMENT IS THE EQUIPMENT USED IN? & INCLUDE THE APPLICATION OF USE. (Please describe)

EQUIPMENT IDENTIFICATION (IF MULTIPLE UNITS ARE INVOLVED ADDITIONAL FORMS SHOULD BE COMPLETED)

EQUIPMENT TYPE/S: _____ **SERIAL NO:** _____

MODEL: _____ **ASSET/IDENTIFICATION NUMBER:** _____

MANUFACTURER/BRAND: _____ **ACCESSORIES WITH EQUIPMENT:** _____

- For arranged collections/delivery of equipment to Avantor sites this decontamination form must be affixed to the outside of the packaging
- For onsite requests please attached to the outside of the equipment

DECONTAMINATION DECLARATION

BIOHAZARD LABORATORY TYPE: Class 1 Class 2 Class 3 Class 4 N/A
 (Please indicate)

**HAS THIS EQUIPMENT BEEN EXPOSED (INTERNALLY OR EXTERNALLY) TO ANY OF THE FOLLOWING?
 PLEASE ANSWER ALL QUESTIONS BY INDICATING (YES OR NO) AS APPLICABLE AND PROVIDING DETAILS BELOW.**

Blood, body fluids, pathological specimens	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Other biohazards	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Chemicals or substances hazardous to health	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Radioactive substances	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Active Pharmaceutical Ingredients	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Other hazards	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
No contact with hazardous or health threatening material	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

If you have answered Yes to any of the above, please provide details here:

DATE & TIME OF CLEANING/DECONTAMINATION CARRIED OUT:

METHOD OF CLEANING /DECONTAMINATION /STERILIZATION
 (Please describe methods & chemicals used including the expiry date of any chemicals)

The cleaning/decontamination process should make the unit safe for all Avantor personnel / external providers to work on. If there is any doubt about how this should be achieved, then the manufacturer's guidance should be sought & followed accordingly. The level of decontamination required depends on the risk of the unit transmitting biological & chemical hazards or other hazards.

LIST ANY SPECIFIC HEALTH & SAFETY PRECAUTIONS THAT MUST BE ADHERED TO WHEN WORKING ON ANY OF THE EQUIPMENT. PLEASE INDICATE THE RELEVANT PERSONAL PROTECTIVE EQUIPMENT IF REQUIRED.



Wear eye protection



Wear a Mask



Wear respiratory protection



Wear a face shield



Wear protective gloves



Wear protective clothing



Wear protective footwear

Any other precautions/PPE please state

CUSTOMER ACCEPTANCE ACKNOWLEDGEMENT:

I declare that the above information is complete and correct. The equipment and or components are adequately cleaned and decontaminated. The apparatus and or components are free of biological, chemical radioactive hazards or other hazards. They are safe to be handled, unpacked, examined and worked on by Avantor associates and or their representatives. Avantor reserve the right to charge for any inconvenience caused as a result of equipment showing signs of contamination or not adequately cleaned.

Please note the person signing this form must be authorized to do so.

NAME: _____ **POSITION IN COMPANY:** _____

SIGNATURE: _____ **DATE:** _____ **TIME:** _____

EQUIPMENT NOT CLEANED AND DECONTAMINATED:

This equipment could not be decontaminated because of the following reasons described below. The nature of the risk and relevant safety precautions are detailed below. If PPE is required it must be supplied by the client company. Appropriate training and familiarization with procedures will be also must be provided.

NATURE OF RISK & SAFETY PRECAUTIONS:

NAME: _____ **POSITION IN COMPANY:** _____

SIGNATURE: _____ **DATE:** _____ **TIME:** _____

Are your scientific resources being wasted on non-research activities?

Visit vwr.com/avantorservices or email services@avantorsciences.com for more information.

Avantor Services helps scientific organizations solve complex challenges, resulting in improved productivity, increased efficiency, and accelerated innovation.



Avantor® is a leading global provider of mission critical products and services to customers in the biopharma, healthcare, education & government, and advanced technologies & applied materials industries. We operate in more than 30 countries and deliver an extensive portfolio of products and services. We set science in motion to create a better world. Trademarks are owned by Avantor, Inc. unless otherwise noted. © 2020 Avantor, Inc.