



## DECLARATION CERTIFICATE FOR HEALTH CARE EQUIPMENT

Prior to Inspection, Servicing, Repair or Return of Medical and Laboratory Equipment.

**Tick A if applicable. Otherwise complete all parts of B, providing further information if applicable.**

This equipment / item has not been used in any invasive procedure or been in contact with blood, other body fluid, respired gases, pathological samples or other hazardous substance. It has been cleaned in preparation for inspection, servicing, repair or transportation.

Has this equipment/item been exposed internally or externally to hazardous materials as indicated below?

Blood, body fluids, respired gases, pathological samples <b>YES/NO</b>	Chemicals or substances hazardous to health <b>YES/NO</b>
Radioactive substances (Detail below checks made for residual activity) <b>YES/NO</b>	Other hazards <b>YES/NO</b>

Please provide details of any hazards where necessary:

.....

Has this equipment/ item been cleaned and decontaminated? Tick appropriate boxes.

External clean	Chemical disinfection, external
Heat disinfection/sterilisation	Chemical disinfection, internal

Please specify any likely areas of residual contamination, such equipment must not be returned/ presented without the prior agreement of the recipient whose reference or contact name must be given above:

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**I declare that I have taken all reasonable steps to ensure the accuracy of the above information, in accordance with HSG (93)26.**

**Authorised signature:**

**Date:**

**Name (printed)**

**Dept:**

**Position:**

**Tel No**