**DECONTAMINATION CERTIFICATE**

The fully completed decontamination declaration is a prerequisite for the acceptance and further processing of returned instrument. If your shipment is not accompanied with this declaration, processing will be delayed until receipt of your decontamination certificate. Instruments or equipment must be certified as being free from potentially hazardous contamination prior to maintenance, repair, or removal by unprotected, untrained personnel. The following guidelines should be followed:

* The item should be cleaned of all visible residue.
* Where there is the potential for hazardous non-visible chemical contamination, it may be necessary to use pH test strips, peroxide test strips, or other indicating mechanism to verify that no contamination is present.
* For items used with radioactive materials, no radioactivity must be detected with survey equipment or swipe tests.
* For items used with infectious materials, disinfect all surfaces with an appropriate disinfectant.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identification** | | | | | | | | |
| Item/Model Number: | | | | Serial/Lot Number: | | | | |
| Description: | | | | | | | | |
| Reason for Return: | | | | | | | | |
| RMA Number (if required): | | | | | | | | |
| **Pick Up Location** | | | | | | | | |
| Company Name: | | | | | | | | |
| Company Address: | | | | | | | | |
| City/State/Zip: | | | | | | | Country: | |
| Contact Name/Number: | | | | | | | | |
| **Potential Contaminants** | | | | | | | | |
| **RADIOACTIVE MATERIALS:**  *Has this item been exposed to radioactive materials?*  YES ☐ NO ☐ | | | | If YES, please identify radioactive isotopes: | | | | |
| **BIOLOGICAL AGENTS:**  *Has this item been exposed to biological agents?*  YES ☐ NO ☐ | | | | If YES, please state the viable biological agent(s), their Hazard Group(s) and Biosafety Level/Category of Containment: | | | | |
| **HAZARDOUS CHEMICALS:**  *Has this item been exposed to chemicals that are very toxic (in quantities harmful to human contact), carcinogenic, mutagenic, toxic for reproduction, sensitizing, and/or which have not yet been fully tested?* YES ☐ NO ☐ | | | | If YES, please identify the hazardous chemicals: | | | | |
| **Decontamination** | | | | | | | | |
| **If ‘YES” is answered to any of the above potential contaminants, describe** the procedures used to decontaminate the item (attach additional sheets if needed) for biological, radioactive and other hazardous contaminants, also include the radioactivity survey results where applicable indicating levels at or below local background level. | | | | | | | | |
| **Acknowledgement** | | | | | | | | |
| The Customer understands and agrees that decontamination is critical to issues of health and safety and that thoroughly completing this Certificate is essential. The Customer acknowledges that the Customer has removed all kinds of biological agents, non-hazardous chemicals, hazardous chemicals, and radioactive materials from the items and that the Customer performed all decontamination procedures as described in this Certificate and completed this Certificate accurately, truthfully and in full. Customer hereby assumes all responsibility and liability for and shall defend and indemnify Fluxergy against injury or damage of whatever kind incurred by Fluxergy, its employees, contractors, and/or agents that result directly or indirectly from Customer’s breach of this representation and warranty. The Customer accepts that Fluxergy has no obligation to repair, service, or transport any product if this Certificate is not completed in full. | | | | | | | | |
| Name: | | Signature: | | | | | | Date: |
| Company: | | | Phone: | | | Email: | | |
| **Exception: *If instrument has been sent in error or arrived damaged and is UNOPENED*** | | | | | | | | |
| This form may be completed and returned by internal Fluxergy personnel, who can attest to the fact the unit is unopened and therefore free of contaminants. | | | | | | | | |
| Name: | Signature: | | | | Date: | | | |