

NDMRB – CERTIFICATE OF DECONTAMINATION

ITEM:

MAKE:

MODEL:

SERIAL NUMBER(S):

LOCATION:

Table 1 – Exposure history and decontamination procedure

This equipment has not been in contact with blood, other body fluids, respired gases, pathological samples or radioactive material. If 'YES' to above please continue through tables 2 and/or 3. If 'NO' please sign at the bottom	YES / NO
Has it been cleaned in preparation for inspection, servicing, repair or transportation? Please provide information regarding decontamination procedure	YES / NO

Table 2 – Exposure record

This equipment been exposed to:	
Blood, body fluids, respired gases, pathological samples	YES / NO
Other biohazards – please provide details	
Chemicals or substances hazardous to health	YES / NO
Radioactive materials	YES / NO
Other hazards – please provide details	
Has the equipment been suitably prepared to ensure safe handling/transportation?	YES / NO

Table 3 – Radioactivity exposure record

If item has been exposed to radioactive material then indicate specific radionuclide(s):	
Has the equipment been cleaned and decontaminated?	YES / NO
Indicate method of cleaning / decontamination:	
If radioactive material then indicate residual CPM:	
Has the equipment been suitably prepared to ensure safe handling/transportation?	YES / NO

I declare that I have taken all reasonable steps to ensure the accuracy of the above information.

Name (print)
Position

Signature
Date