

DECLARATION OF CONTAMINATION STATUS

From	Date
Address	Contact Name
.....	Tel No.
.....	Client Name.....

Type of Sling	Serial No.
Fault/Info
.....	Date of Manufacture

Is the item contaminated?	Yes * <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
* State type of contamination: blood, body fluid, chemicals or any other hazard			
Has the item been decontaminated?	Yes† <input type="checkbox"/>	No‡ <input type="checkbox"/>	Don't Know <input type="checkbox"/>
† What method of decontamination has been used? Please provide details			
Cleaning			
Disinfection			
Sterilization			
‡ Please explain why the item has not been decontaminated?			
.....			
.....			

Contaminated items should not be returned without prior agreement

DECLARATION	
By signing this declaration you are confirming that this item has been prepared to ensure safe handling and transportation. Should inspection prove that this is not the case, the matter will be reported to the MHRA.	
Name	Position
Signature	Date