Reset Document

INTEGRA

Decontamination Form

We aim to protect our employees as much as possible from hazards posed by contaminated equipment. Therefore, we kindly ask for your understanding that we can only carry out calibrations and repairs if this statement is fully completed and signed.

Please include with the device shipment or send in advance by email.

Language: **English** **Country:** **Service Type:**

	Manufacturer Information	**Customer information**
Company / Organization		
Department		
Street Adress		
Postal Code		
City, State		
Country		
Phone Number		
Email Address		

RMA-Number

Reference number

Is the return address the same as the billing address? **Yes**

Service object

Product	**Serial number**	**Notes (optional)**

Safety Information

Laboratory Safety Level:

Decontamination Method:

General Notes (optional)

The undersigned declares bindingly:

☑ That the devices sent have been carefully cleaned and decontaminated before shipment.

☑ That the devices sent do not pose hazards due to bacteriological, virological, chemical, or radioactive contamination.

☑ That he/she is authorized to make such statements on behalf of the represented company/laboratory.

Company / Laboratory:

Name:

Position:

Date:

Signature: