

DECLARATION OF CONTAMINATION STATUS

Prior to Inspection Servicing, Repair, Condemning or Return of Medical devices and Other Equipment

Make and Description of Equipment:

Model/Serial/Batch No:

Tick box A if applicable. Otherwise complete all parts of B, providing further information as requested or appropriate

A. This equipment/item has not been used or been in contact with blood, other body fluids, respired gases, or pathological samples. It has been cleaned in preparation for inspection, servicing, repair, condemning or transportation

B. 1. Has this equipment/item been exposed internally or externally to hazardous materials as indicated below?

Provide further details here

YES/NO Blood, body fluids, respired gases, infected wounds, pathogens or pathological samples:

YES/NO Other biohazards:

YES/NO Chemical or substances hazardous to health:

YES/NO Other hazards:

2. Has this equipment/item been decontaminated as defined by OSHA 29 CFR 1910.1030(b), using an appropriate chemical disinfectant and per the manufacturer's cleaning and maintenance instructions defined in the Operator Manual?

YES - Indicate the methods and materials used:

NO - If the equipment/item could not be decontaminated please indicate why:

Decontamination (OSHA 29 CFR 1910.1030(b))– means the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infection particles and the surface or item is rendered safe for handling, use, or disposal.

Equipment that has not been decontaminated must not be returned/transported without the prior written agreement of Pivotal Health Solutions, Inc., and must not be collected / transported unless written instruction is received from Pivotal Health Solutions, Inc.

3. Describe how the equipment/item has been packaged to ensure safe handling/transportation.

I declare that the above stated equipment/item has been decontaminated as defined by OSHA 29 CFR 1910.1030(b) using appropriate means and disinfectant, and per the manufacturer's cleaning and maintenance instructions defined in the Operator Manual.

Authorized signature

Unit

Name (printed)

Dept

Position

Phone:

Date

This form must be completed and returned to Pivotal Health Solutions before a return authorization will be issued.

Please fax completed form to 605-882-8398