



220 East Robert Toombs Ave., Washington, GA 30673
1-800-253-7064

Statement of Decontamination

Calibrate Inc. Work Order #: _____ Total No. of Pipettes: _____
(Internal number for Cal lab use only)

Contact Name (print): _____ Position: _____

Customer's Name: _____ Department: _____

Address: _____ Phone: _____

_____ Fax: _____

City: _____ Zip Code: _____ Email: _____

A. Has the equipment been exposed (internally or externally) to any of the following? Please answer all questions by checking (Yes or No) as applicable and by providing details in Section B.

	Yes	No		Yes	No
1. Blood, body fluids, pathological specimens?			4. Chemicals or substances hazardous to health?		
2. Other Biohazards?			5. Radioactive substances?		
3. Biodegradable materials that could present a hazard?			6. Other potential hazards?		

B. Please provide appropriate names and quantities of any hazard present as indicated above:

C. Please describe your efforts to decontaminate the equipment:

D. Please describe any likelihood of residual contamination:

I declare that the above information is correct and complete to the best of my knowledge and belief. Authorized Signature: _____ Date: _____

**Please fax this form to our Calibration laboratory at 815-331-5164
or include it with your pipettes at time of shipment. Thank you!**

Calibrate, Inc
2520 Stanwell Drive Suite #100
Concord, CA 94520
(Phone: 925-687-7001)