Decontamination Declaration Form

A copy of this form MUST accompany equipment for repair

B|BRAUN

From (CSD):		To:	
Hospital/Facility:		Address Line 1:	
Order No:		Address Line 2:	
Emergency Telephone:		Emergency Telephone:	

Instruments for repair:

	Yes	No	Do not know
Provider/Manufacturer:	○	○	○
Has this set/item been decontaminated?	○	○	○
If NO, please explain why this set/item has not been decontaminated?	○	○	○
Method of decontamination used:	Cleaning	Thermal/ Chemical Dis-infection	Sterilisation
	○	○	○

Contaminated items should not be returned without prior agreement of the recipient.

We guarantee that the items mentioned above have been thoroughly cleaned and terminally disinfected in accordance with the current edition of AS/NZS 4187.

Name:	
Position:	
Signature:	
Telephone Number:	
Date:	

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