



mediline

DECONTAMINATION CERTIFICATE

Organization / Company: _____

Institute: _____

Address: _____

First name, Last name: _____ Phone.: _____

I DECLARE THAT:

- the instruments or devices listed below, were decontaminated or disinfected to remove or inactivate any biological, chemical, radioactive or other dangerous materials, according to manufacturer specifications,
- or they have never been exposed to any hazardous biological, chemical, radioactive or other dangerous materials.

If required actions were not taken, we are taking full responsibility for the possible injuries or infections of personell!

Remarks:

	Instrument / Device	Manufacturer	Serial Number
1			
2			
3			
4			
5			

Responsible person:

Name and surname: _____

In _____, Date _____

Signature: _____

Stamp: _____