## **Decontamination Certificate confirming the State of Hygiene of medical Products**

This document must be completed and attached to returned items to ensure compliance with current legislation, and for the safety of our employees.

Article No	Article name:
LOT No.:	Serial No.:
Invoice No	: Customer:
Ticket No.:	
Reason fo	goods returned:
This decla	ation is our confirmation that:
0	These medical product/s were <b>not in contact</b> with blood, tissue or other bodily substances/fluids and are therefore not contaminated.
0	These medical product/s were <b>in contact</b> with blood, tissue or other body substances/fluids. The components were cleaned, disinfected and sterilized in accordance with the manufacturer specifications.
Informatio	n on disinfection, cleaning, sterilization:
0	Disinfection and cleaning was done manually
0	Disinfection and cleaning was done mechanically
0	Steam sterilization (3 min. with 134°C / 15 min. with 121°C)
0	Other process (please declare)
0	This equipment could not be decontaminated!
	Reason:
Date/Plac	Stamp Signature