



INSPECTION, SERVICE, REPAIR OR TRANSPORT
OF MEDICAL AND LABORATORY ITEMS/EQUIPMENT

CLEARANCE CERTIFICATE HS/CC/95

This item/equipment will NOT be accepted unless the following information is completed in full

- 1 TO SRS68565 FROM Clinical Engineering
15 Station Road 20, Fieldway, Heath,
Crosshills Cardiff
keighley BD20 7DT CF14 4HY TEL 02920
745678
- 2 Description of item/equipment _____
Bar code/serial no. B134035 Order/Requisition No: TBA

Please answer all questions by circling YES or NO and give further details in the space provided.

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

Provide further details here

YES /NO	Blood, tissue, body fluids, respired gases, pathological samples, etc.	
YES /NO	Chemicals or substances hazardous to health.	
YES /NO	Other hazards/biohazards.	

4. Has the item/equipment been suitably decontaminated? *If YES, indicate method and materials*

YES/ NO	External	<u>Clinell Wipes</u>
YES /NO	Internal	

5. Has the item/equipment been suitably prepared to ensure safe handling/transportation?

YES/ NO	
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6. Has the item/equipment been involved in a reportable incident or occurrence (see notes)?

YES /NO	
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7. Authorised signature ROB Name (print) ROSS BOWDEN
Designation _____ Date 21/9/23 Tel. No: 02920
745678

ADDITIONAL INFORMATION OR FAULT REPORT

8. Please give as much detail as possible Request for quote for service/calibration
of B134035-Viamed V1000 Fetal Heart Simulator.

