

KINGS HEALTHCARE

DECLARATION OF CONTAMINATION STATUS

WHENEVER MEDICAL OR LABORATORY EQUIPMENT NEEDS INSPECTION, SERVICING OR REPAIR,
THIS FORM MUST BE COMPLETED AND SENT WITH IT.

To Repair Organisation (specify): **VIAMED**

Contact name: **STEVE**

Equipment: **OXYGEN MONITOR**

Serial number/ID Code: **77-553**
EA01199005

A. Has this item been used in any invasive procedure or been in contact with blood, chemicals, other body fluids, respired gases or pathological samples? **YES/NO**

IF "YES" - COMPLETE SECTIONS B & C.

IF "NO" COMPLETE SECTION C.

B. This item has been exposed internally or externally to hazardous materials as further described below:

Blood, body fluids, respired gases, pathological samples **YES/NO**

Other biological hazards **YES/NO**

Chemicals or substances hazardous to health **YES/NO**


C. This item has been cleaned and decontaminated and is in a fit state for inspection, servicing or repair. **YES/NO**

If this item could not be cleaned or decontaminated please state why:

NOTE CONTAMINATED ITEMS MUST NOT BE SENT WITHOUT THE PRIOR AGREEMENT OF THE
PERSON NAMED ABOVE AS THE CONTACT.

I declare that I have taken all reasonable steps to ensure the accuracy of the above information, and have followed the KHC Decontamination Procedure.

NAME (printed): **MANEESH RAM**

Signature: 

Position: **MEDICAL EQUIPMENT ENGINEER**

Department: **MEDICAL ENGINEERING & PHYSICS**

Date: **25/10/23**

Tel. No.: **02032991607**

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