

CED-QF-19 Decontamination Certificate for Suppliers

All appropriate sections of the form must be completed and sent with the device. Items must not be returned without cleaning and decontamination to ensure safe cleaning & handling.

A COPY MUST BE RETAINED BY THE CLINICAL ENGINEERING DEPARTMENT.

Device to be delivered to (i.e. Name & Address of Supplier/BME Dept/HSDU): Viamed Ltd, Returns Department, 15 Station Road, Cross Hills, Keighley, BD20 7DT		
Equipment Number or Serial No. BX2260065	Device Make & Description. Inspiration Healthcare - Blender	Model No. 2003I
Order Number. To be supplied by Procurement Dept	Supplier's Return Reference. JR569090	Ward/Dept. Clinical Engineering Dept
Nature of request. Give any details related to request		
Return from loan <input type="checkbox"/>		
Fault <input type="checkbox"/>		
Acceptance <input type="checkbox"/>		
Routine Maintenance <input checked="" type="checkbox"/>	Service required	
Other <input type="checkbox"/>		
Dispose of contents as per the Trust Waste Management Policy. Return with all leads and accessories.		
Please return to: Clinical Engineering Department, 1 st Floor Maternity Unit, South Tyneside Hospital. NE34 0PL		

1. Has the device been exposed to any hazardous materials? **YES/NO**
(Items must not be returned without cleaning to ensure safe handling.)

If YES, tick relevant box and specify :

- ☐ Blood, body fluids, respired gases, pathological samples or other biohazards.
Please specify:
- ☐ Chemicals or other substances hazardous to health.
Please specify: