

DECLARATION OF CONTAMINATION STATUS

From Ward / Hospital: SALISBURY DISTRICT NHS To: VIAMESMEDICAL DEVICES

Please specify Device Type (mattress, pump, bed etc.)

Contact No: 01722 336262 EXT 4429 Contact No:

Is the item contaminated?

Yes* ☐No ☒Don't know ☐

* State type of contamination: blood, body fluids, respired gases, pathological samples, chemicals (including Cytotoxic drugs), radioactive material or any other hazard

Has the item been decontaminated?

Yes† ☒No† ☐Don't know ☐

† What method of decontamination has been used? Please provide details

Cleaning: SANITIZER WIPESDisinfection Thermal ☐ Chemical ☐ Other ☐ Please SpecifySterilization Steam ☐ Radiation ☐ Chemical ☐ Other ☐ Please Specify

‡ Please explain why the item has not been decontaminated?

Contaminated devices must not be returned without prior agreement of the recipient.

If contaminated devices are being returned, state who has agreed this:

Agreed by: Designation:

Contact Number:

FOR REPAIR ONLY:

Device: Foetal Simulator Manufacturer: VIAMESAsset ID: 125532 Model/Serial No: GE71743923Accessories included (mains lead/transducer etc.): NONE EXCEPT BAGDescription of Fault: NEEDS A BIT OF LOVE AND CARE AFTER 19 YEARS OF SERVICE

This item has been prepared to ensure safe handling and transportation:

I declare that the above information is accurate and in accordance with MHRA DB2003(05), MHRA Managing Medical Devices 2015 and the approved Trust Decontamination Policy.

Signature: J. ImrWard/Department: MED DEVICESName (printed): Jon ImrContact Number: 01722 336262Position: SENIOR TECHNICIANEXT 4429Date: 23/5/25

White copy (top) to be attached to the device

Yellow copy (bottom) to be retained for 12 months if sent by clinical areas and for the life of the medical device if sent by MDMS or any area within the Trust responsible for decontamination