

## Royal Hospital

NHS Trust

### DECLARATION OF CONTAMINATION STATUS

Prior to the Inspection, Servicing, Repair or Return of Medical, Laboratory and Domestic Equipment.

From : Chesterfield Royal Hospital

To : Viamed

Make/Description of Equipment :	V1000
Model/Serial/Batch/Asset N <sup>o</sup> :	Pro408A12
Authority's Ref. or Order N <sup>o</sup> :	SRS69236
Recipient's Service Reference, Returns Authorisation Reference, or Contact Name :	

Fault/Reason for Request : Yearly Calibration

Tick box A if applicable. Otherwise complete all parts of B, providing further information as requested or appropriate. Please note that equipment/items will not be accepted without a correctly completed form.

☐ A

This equipment/item has not been used in any invasive procedure or been in contact with blood, other body fluids, respired gases or pathological samples. It has been cleaned in preparation for inspection, servicing, repair or transportation.

☒ B

1. Has this equipment/item been exposed internally or externally to hazardous materials as indicated below ?  
Provide further details here :

Blood, body fluids, respired gases, pathological samples.

Other biohazards.

Chemicals or substances hazardous to health.

Other hazards.

YES	<input checked="" type="checkbox"/> NO
YES	<input checked="" type="checkbox"/> NO
YES	<input checked="" type="checkbox"/> NO
YES	<input checked="" type="checkbox"/> NO

2. Has this equipment/item been cleaned and decontaminated ?

Indicate the methods and materials used : Clinell Wipes

If the equipment / item could not be decontaminated please indicate why :

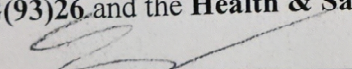
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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Such equipment must not be returned/presented without the prior agreement of the recipient whose reference or contact name must be given above.

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

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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I declare that I have taken all reasonable steps to ensure the accuracy of the above information, in accordance with HSG(93)26 and the Health & Safety At Work Act, 1974.

Authorised Signature 

Departmental Position Clinical Engineer

Name (Printed) C.Baker

Extension Number 01246 51 2058

Date 09/09/2025