

Declaration of Contamination Status

From: Clinical Engineering
 Dorset County Hospital
 Williams Avenue
 Dorchester
 Dorset
 DT1 2JY

To: Viamed Ltd
 15 Station Road
 Crosshills

Reference:

Type of Equipment: **SIMULATOR, HEART SOUND**

Manufacturer: **VIAMED**

Description of Equipment:

DCH UID: **006219**

Model No: **V1000**

Serial No: **ID126365**

Fault: **service**

Is the item contaminated? No

*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

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

Cleaning

Disinfection **Alcohol 70%**

Sterilisation

Batteries not included.

‡ Please explain why the item has **not** been decontaminated:

Contaminated items should not be returned without prior agreement of the recipient

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

Name **Gail Lohfink**

Position **Clinical engineering support officer**

Signature

Telephone **0130525 4118**

Date **14/04/2026**

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