Tektronix®
Service Solutions

Statement of Decontamination Form

Company: _____ **Date:** _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

End User: _____ **Phone:** _____

E-mail: _____

Weight/ Device (please circle one after printing):

Weight(s) Pipette(s) Flow Meter(s) Temperature Probe(s) Humidity Device(s) Pressure Device(s)

Manufacturer:_____ Model: _____ Serial #: _____ Qty: _____

Manufacturer:_____ Model: _____ Serial #: _____ Qty: _____

Manufacturer:_____ Model: _____ Serial #: _____ Qty: _____

Manufacturer:_____ Model: _____ Serial #: _____ Qty: _____

List any exposure to hazardous fluids, gasses or substances. Please attach copies of any MSDS sheets where appropriate:

_____

_____

_____

Method of Sterilization: ETO Biocides Irradiation

Autoclave (Pipettes) Purge (Flow Meters) None Required

Manual Disassembly and Cleaning Other:_____

I certify that the aforementioned item(s) are free of any radioactive, bio-hazardous or otherwise dangerous substances/ gasses and are safe for human handling.

*Signature:*_____ *Title:* _____ *Date:* _____

Print Name: _____ *Print Title:*_____

To minimize delays- Please include a copy of this form and your order along with your weight(s)/ device(s) to be calibrated. Service will not be performed without a completed Decontamination form.