

Decontamination Form

For the purpose of Occupational Health and Safety requirements it is required for all liquid handling (LQH) devices being sent to Eppendorf South Pacific, be accompanied by a certificate of decontamination completed and signed by a suitably authorised representative.

Discount Code / Quote #: _____

Contact Name: _____
 Organisation: _____
 Department/Location: _____
 Delivery Address: _____
 Suburb: _____ State: _____ Postcode: _____
 Email: _____
 Phone: _____
 Billing Address: _____
 Suburb: _____ State: _____ Postcode: _____

Include your Purchase Order Number and send to:
Eppendorf South Pacific—Technical Service
Level 1, 97 Waterloo Road
Macquarie Park, NSW 2113



Purchase Order #: _____
 A/C Payable Contact: _____
 A/C Phone Number: _____ Fax Number: _____
 A/C Email: _____

To pay by credit card, an invoice will be issued with instructions on how to make a payment over the phone.

Please check if you would like to receive a calibration reminder via e-mail:
 Yes No

If Yes, select calibration frequency in months below: _____

Statement of Conformity Required*: Yes No

*If not selected, Eppendorf will not provide measuring report with statement of conformity

Specification Required*: ISO 8655-6 Manufacturer Customised

Please provide information on each pipette provided for service

Model & Size	Serial Number	Description & Comments	Warranty	Basic (methodology as per LH-WI 201-03)	Standard (methodology as per ISO 8655-6)	Premium (methodology as per ISO 8655-6)	NATA Report
1							
2							
3							
4							
5							
6							
7							
8							
9							

Please indicate if the listed equipment has been used with any of the following:

Bio-hazardous material	Radioactive specimens	Hazardous chemicals or solvents	Other hazardous substances
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Please describe the method used to decontaminate your equipment listed: _____

Please confirm the following declaration:

I confirm the above materials have been decontaminated and cleaned of any potential biological, radioactive or chemical hazard using standard recognised suitably documented procedures.

Name: _____

Position: _____

Authorised Signature: _____

Date: _____