**SALISBURY NHS FOUNDATION TRUST C**

**DECLARATION OF CONTAMINATION STATUS**

**From Ward/Hospital:**

Address ………………………………………………………………………………….

**To:**

**FOR REPAIRS ONLY:**

Device: Manufacturer:

Asset ID: Model/Serial No:

Accessories included (mains lead/transducer etc.):

Description of Fault:

**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 Disinfection

Sterilization

Thermal 9

Steam 9

Chemical 9

Radiation 9

Other 9 Please Specify

Chemical 9

Other 9 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:…………………………………………………………………

**This device has been prepared to ensure safe handling and transportation:**

**I declare that I have taken all reasonable steps to ensure the accuracy of the above information, in accordance with MHRA Managing Medical Devices 2015, and the approved Trust Decontamination Policy**

Signature Name (printed) Position Date

Ward/Department Contact Number

***White (top) copy to be attached to the device and retained by the receiver/MDMS for the life of the medical device***

***Yellow (bottom) copy to be retained by wards for 12 months. MDMS to retain for the life of the medical device***

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