

Certificate of Decontamination

This form is for use when returning equipment to PerkinElmer for repair, refurbishing, trade in or replacement. Any equipment that has been located in a chemical, biological or radioactive materials laboratory must be assessed and, if necessary, decontaminated before PerkinElmer can accept it for service. Please fully complete this form, sign it and send a copy to your PerkinElmer representative. An additional copy should be sent with the returned equipment, (placed on the outside of the shipping container, in a "shipping docs" bag.

Return Authorizat	ion:				
Instru	ment / model / type:				
Instru	ment serial number:				
Reas	on for return / service:				
RMA	or RA number:				
	tion Information: ct been exposed to an	y infectious agents as	ssigned to biosafety le	vels 2 or 3?	
If so, please in (<i>Please note eq</i>	dicate agent and bio-s uipment removed from Bi	safety hazard class oSafety level 4 labs can	not be returned to the fac	ctory).	
Has this produ	ct been exposed to to	xic, carcinogenic, or ra	adioactive substances	?	
If so, please in	dicate types and quan	tities used:			
Decontamination Pr Indicate how the equi		sinfected by checking or	ne or more of the deconta	mination procedures de	scribed below
New, unused e	quipment Customer/user	certifies that returned g	oods are new and have n	ever been placed into s	service
	contaminated Customes, toxic, carcinogenic, or i		ned goods have not com-	e into contact with, or co	ontain any
dilution of Clorox		olution of Lysol IC brand	decontaminated by spradicial disinfectant, or equivale		
available decont	dioactive material The aminate (i.e., Radiacwas and the results must be a	h) or equivalent. (The in	ghly decontaminated by construment must be survey	leaning it with a comme ed with the appropriate	ercially
	amination The equipment alcohol or water.	ent was thoroughly deco	ntaminated by rinsing are	eas associated with che	micals with a
and cleaning. I unde	rstand that PerkinEİmer ir	ncluding any of its busine	bility for biological, chemiess groups has no obligate sonnel handling the expos	tion to repair or service	
Print Name:					
Company Name: Phone N				mber:	
Signature:			Date:		
	DOCUME	ENT TITLE		Approved by	REV
Decontamination Certification Form				D. Hellerman	0
Doc Ref #	c Ref # HSM_4_001_2 approval date 06.04.2015		06.04.2015	Page 1 of 1	