Appendix 3

Decontamination Certificate - Medical Device Clearance Form

General Details		
1	NTW Inventory Number (if applicable)	
2	Third Party and inventory/reference number (if applicable)	
3	Manufacturer	
4	Model	
5	Serial Number	

Complete 6		
6	This equipment has been dealt with according to option	

OPTION 1 – Clearance Statement	
Tick here if option applies	**THE EQUIPMENT DOES NOT REQUIRE DECONTAMINATION**
	The Equipment HAS NOT been used in an invasive procedure or been in contact with, blood, other bodily fluids, pathological specimens or other hazardous materials. Nor has it been exposed to patients in isolation or any other potential infective environment
	Delete as appropriate – The equipment HAS / HAS NOT been cleaned according to the cleaning procedures detailed blow

OPTION 2 – Clearance Statement	
Tick here if option applies	**THE EQUIPMENT HAS BEEN DECONTAMINATED**
	This equipment HAS been used in a potentially infective environment. The nature of the hazard has been assessed and the equipment decontaminated The nature of the hazard and the decontamination procedures employed must be described below state what, if any, recommendations were followed)

OPTION 3 – Clearance Statement	
Tick here if option applies	**THE EQUIPMENT HAS NOT BEEN DECONTAMINATED**
	This equipment HAS been used in a potentially infective environment The nature of the hazard has been assessed and the details are given below. Details of recommended decontamination procedures and precautions to be taken together with an explanation as to why the decontamination process has not been carried out must be given below

Details of contamination and decontamination or cleaning procedures used (continue on reverse or separate sheet if necessary)

Identify equipment has been cleaned and decontaminated by use of indicator tape   Yes / No

Name		**Designation**	
Signature		**Date**	
Ward/Dept.			
Ward copy to be filed (please tick) ✔			
Copy to accompany equipment (please tick) ✔			