Due to the potential of our Service personnel to exposure from materials sampled during the use of this device, and in order to comply with our risk assessment procedures, we require the completion of this declaration.

**Company:** Click here to enter text.

**Address:** Click here to enter text.

**Telephone No:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| Item | **Equipment Type** | **Serial Number** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

I confirm that the above equipment has been used to sample in environments containing one or more of the below:

**Physical / Radiation / Gaseous Contaminants**

Physical Contaminants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radiation Contaminants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gaseous Contaminants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify the equipment specified above has been externally cleaned to the best of our abilities, but could still contain traces of the above contaminants

We hereby confirm that the unit(s) external surfaces have been cleaned to the best of our ability prior to despatch to Casella, and that the units contain no viable microbiological contaminants or pathogens

We certify that the unit(s) specified above has been sufficiently protected against contamination by the use of suitable filters for the medium being sampled

**IT IS HEREBY DECLARED THAT THE EQUIPMENT BEING RETURNED AND DESCRIBED ABOVE IS FREE FROM CONTAMINATION AND POSES NO POSSIBLE TOXIC, CORROSIVE, IRRITANT, FLAMMABLE, RADIOACTIVE OR BIOLOGICAL HAZARD TO ANY PERSONNEL REQUIRED TO UNPACK, HANDLE, EXAMINE, MAINTAIN OR REPAIR IT**

PRINT NAME: Click here to enter text. Date: Click here to enter text.

# **TO ENSURE THIS EQUIPMENT IS PROMPTLY SERVICED PLEASE ENCLOSE THIS RECORD WITH YOUR RETURNED INSTRUMENT**

For office use only:

Instrument checked by Service Department

Signature: Date:

PRINT NAME: