

INSTRUMENT DECONTAMINATION RECORD

Due to the potential hazard to our service personnel from materials sampled during the use of this device we require the completion of this declaration before any cleaning or service work can be carried out.

Company: _____

Address: _____

Tel No: _____ Fax No: _____

ITEM Part number	EQUIPMENT TYPE	SERIAL NUMBER

I confirm that the above equipment has been used to sample environments containing -
(Please be specific .e.g. general workshop environment cannot be accepted)

Physical Contaminants: _____

Radiation Contaminants: _____

Gaseous Contaminants: _____

I certify that the equipment specified above has been fully vented and purged of all materials and contaminants which could be considered a risk to the health and safety of personnel working on them.

THIS FORM MUST BE ENCLOSED WITH YOUR RETURNED INSTRUMENT OR FAXED BACK TO CASELLA USA AT (603) 672-8053

WE REGRET THAT WE ARE UNABLE TO PROCESS ANY EQUIPMENT THAT IS RETURNED WITHOUT THIS DECLARATION.

Customer Signature: _____ Date: _____

PLEASE PRINT NAME: _____

For office use only:

Instrument checked by Casella Service Department

Signature: _____ Date: _____

PRINT NAME: _____