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| **STARLAB (UK) Ltd** | **Page 1 of 1** | **Issue Date: Jul-2018**  **Issued by: Andy Hall** |
| **Title: Decontamination Form** | **Issue No. 7** | **Procedure Number: F004** |

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**PIPETTE DECONTAMINATION DECLARATION**

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| --- | --- | --- | --- | --- | --- |
| **Company:** | **Contact:** | | | | |
| **Address:** | **Department:** | | | | |
|  | **Group Name:** | | | | |
|  | **Tel:** | | | | |
|  | **Mobile:** | | | | |
|  | **Email:** | | | | |
| (Purchase Order No. must be provided)  **PURCHASE ORDER No.**       **Grant No.** | | | | | |
| **Quote No.**       **Vat Exempt?** Yes  **if YES, incl. Cert.**No | | | | | |
| **Service Level** *Tick ONE box only. A separate form must be used for each Service Level*  QuickCal 1-STAR 2-STAR 3-STAR   1-STAR no ext. clean2-STAR no ext. clean 3-STAR no ext. clean | | | | | |
| **Do you require a due date on your calibration sticker?** Yes  *If Yes, specify duration:*      months No  *NOTE: If no duration is specified we will put a duration of 6 months on the label* | | | | | |
| **Make / Model of Pipettes to be Serviced** | **Qty** | **Make / Model of Pipettes to be Serviced** | | | **Qty** |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
| **A Did the pipettes listed require decontamination?** Yes  No  *If No, go to B* | | | | | |
| **Nature of contaminant:** | | | | | |
| **Method of decontamination:** | | | | | |
| ***NOTE: Pipettes must be completely dry when presented for servicing*** | | | | | |
| **Decontaminated by:** | | | **Date:** | | |
| **B Are any special precautions required when handling the pipettes?** *If yes, please specify*: | | | | | |
| **Spare Parts** *(please tick ONE only)*  *I authorise that any spare parts required to bring this/these pipette into calibration may be replaced and I understand that these will   be detailed on the invoice, OR*  *Contact me before proceeding with any service if spare parts (excl. cost of seals, o-rings, tip holders) amount to £25 or over for any pipette*  ***Note*** *: A £15 pound investigation charge may be applied for pipettes found to be unrepairable or uneconomical to repair.* | | | | | |
| ***I confirm that the information on this form is accurate and the pipettes detailed are safe to handle*** | | | | | |
| **Name:** | | | | **Signed:** | |
| **Position:** | | | | **Date:** | |

This form can be completed in Word and save on your computer for future reference. Once completed, please print and **sign** and hand in this form   
with your pipettes for servicing. **NOTE that no pipettes can be serviced without a Purchase Order No. or a completed and signed Declaration.**