

Labart Sp. z o.o. , A VWR International Company

Limbowa 5

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**DECONTAMINATION STATEMENT**

Further to the protection of our employees and representatives under EU Council Directive 89/391/EEC of 12 June 1989 and Council Directive 91/383/EEC of 25 June 1991, it is essential that all apparatus and/or components that VWR accept to perform work on are free of biological, chemical and/or radioactive contamination.

We are only able to accept apparatus and/or components that are:

**•** **Adequately CLEANED and DECONTAMINATED.**

**• Provided with this decontamination statement, filled in and signed by an authorized person.**

We appreciate your cooperation to guarantee a safe and risk-free workplace.

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| **CUSTOMER :****DEPARTMENT:****COUNTRY:** | **Please specify your company prefered contact:****TELEPHONE NUMBER:****FAX NUMBER:****E-MAIL ADDRESS:** |
| **Please specify Package or Instrument(s) or Ordernumber for which this decontamination statement is issued.**  | **:** |

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| **Apparatus has been used in / been in contact with:**(Please specify here the material/s or state here that the apparatus has not been contaminated) | Biohazard lab**[ ]**  Class 1 **[ ]**  Class 2 **[ ]**  Class 3 **[ ]**  Class 4 | Biohazard: **[ ]**  Blood **[ ]**  Body fluid **[ ]**  Pathological specimen | **[ ]**  Chemicals which are hazardous to health | **[ ]**  Biodegradable materials that could become hazardous to health | **[ ]**  Radioactive substance | **[ ]**  No contact with hazard-ous materials of any kind |
| **I declare that the above information is complete and correct. The apparatus and/or components are adequately cleaned and decontaminated. The apparatus and/or components are free of biological, chemical and/or radioactive hazards and are safe to be handled, unpacked, examined and worked upon by VWR’s employee’s and representatives. In the event service can't take place because apparatus and/or components are not free of contamination, costs for return of the apparatus and/or components will be charged to the customer.** |

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| **Name authorized person (supplier):** | **Function:** | **Signature:** | **Date:** |