



## Decontamination Certificate

(Must be enclosed with each pipette received for service or calibration)

I....., certify that the enclosed pipette as detailed below has been decontaminated of radioactive, biological and chemical biohazards, both internally and externally.

Company: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

Purchase Order: \_\_\_\_\_

	Model	Make	Serial Number	Fault / Req. Service
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please note: this is a service and calibration service only. Pipette's requiring repair or replacement of broken components may be returned.