



## EQUIPMENT DECONTAMINATION ASSURANCE FORM

Equipment Type: \_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_

### Assurance of Decontamination:

**I certify that the accompanying laboratory equipment sent to Wescan Calibration or, that the laboratory equipment to be worked on by Wescan Calibration during its upcoming on-site visit, is free of chemical, biological and radioactive contaminants**

Name: \_\_\_\_\_

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

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

For the safety of our calibration technicians we require that potentially contaminated equipment is sterilized before we work on it.

We request (and require) that you complete this Assurance Form when sending to Wescan Calibration laboratory equipment which has been exposed to potentially hazardous contamination (biological, chemical, radioactive) or before Wescan comes to your site to work on such equipment.

**Please return:      by fax to:    604-275-0610**  
**By email to: info@wescan.ca**