



Broadcast & Professional Media GmbH

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Date:

Query on contamination status

Company	<input type="text"/>
First and last name	<input type="text"/>
Your sign	<input type="text"/>
Street / House number	<input type="text"/>
Postcode / Place	<input type="text"/>
Country	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>
Device type	<input type="text"/>
Serial number	<input type="text"/>
Device description	<input type="text"/>
Defect	<input type="text"/>

Is the unit contaminated?

Yes

No

unknown

* Specify the type of contamination: blood, body fluids or other material to be examined, chemicals (including cytotoxic drugs), radioactive material or other hazardous materials:

Has the unit been decontaminated?

Yes¹

Date

1. Which decontamination procedure was used? Please give precise details.

Cleaning

Disinfection

2. Which cleaning agents and disinfectants were used?

NOTE: Contaminated devices must NOT be returned to BPM GmbH. We ask for your understanding.

This unit has been treated appropriately for handling and transport.

Name

Position

Signature

Date

Phone