

Proof of decontamination with regard to the safety of medical devices

Scope	<input type="checkbox"/>	Z
	<input checked="" type="checkbox"/>	A
	<input type="checkbox"/>	D

☐ Process

☐ Instruction

☒ Form

In compliance with the applicable statutory provisions and, above all, for the protection of our employees, we require a signed "Proof of decontamination" for each return. Please ensure that this "Proof of decontamination" is filled in and enclosed with **each product return** (complaint / repair / other reason for return) and package the product such that no risk of injury exists for our personnel in incoming goods inspection while unpacking.

Article no.: _____ Article designation: _____

If possible provide information on

Delivery note no.: _____ of [date] _____ Batch no.: _____

Reason for
return:

We hereby confirm that

☐ the medical device(s) enclosed with the letter has/have **not** come into contact with blood, tissue or other bodily substances/fluids and hygienic safety can be confirmed by signing.

☐ the medical device(s) enclosed with the letter has/have come into contact with blood, tissue or other bodily substances/fluids and have been disinfected, cleaned and sterilized according to the applicable hygiene requirements for medical devices and the manufacturer's specifications, which we confirm by signing.

Specifications on disinfection, cleaning and sterilization:

- ☐ Disinfection and cleaning have been performed manually
- ☐ Disinfection and cleaning have been performed mechanically
- ☐ Steam sterilization (3 min. at 134°C / 15 min. at 121 °C)
- ☐ Other method (please specify) _____

☐ the medical device(s) enclosed with the letter could **not** be decontaminated!

Reason:

Stamp from the institution

Date

Signature (and full name)

Should we not receive this document or a comparable confirmation, we reserve the right to disinfect, clean, sterilize and return the goods to the sender at their own expense.

If you have any questions, please contact

A. Schweickhardt GmbH & Co. KG
Tuttlinger Straße 12
78606 Seitingen-Oberflacht
+49 (0) 7464 98910-700

The current form can be downloaded from our homepage download area

Doc. no.	Owner	Rev. date	Print	Database repository	Page number
080300008	SIBE-Med.	06.07.2017	02.04.2019	080300008a_e_Dekontaminationsnachweis_AS.DOCX	Page 1 of 1