



# CERTIFICATE OF DECONTAMINATION

For the return of waste electric or electronic equipment (WEEE).

1. CUSTOMER INFORMATION		Ref. No.: _____	
COMPANY NAME:		CONTACT NAME:	
ADDRESS:		CONTACT JOB TITLE:	
		PHONE NUMBER:	
		FAX NUMBER:	

2. MILLIPORE PRODUCT, HARDWARE OR EQUIPMENT INFORMATION	
PRODUCT NAME:	
CATALOG NUMBER:	
ID NUMBER:	
SERIAL NUMBER(S):	
QUANTITY:	
<i>Check the appropriate box (see next page for details):</i>	
<input type="checkbox"/> Unopened (product sealed in original packaging)	
<input type="checkbox"/> Opened and unused	
<input type="checkbox"/> Used in pre-use steps (water, SIP, integrity tested)	
<input type="checkbox"/> Used with customer product	

3. MATERIAL THAT CAME INTO CONTACT WITH THE MILLIPORE PRODUCT, HARDWARE OR EQUIPMENT		
CHOOSE ONE: BIOLOGICAL SUBSTANCE(S) <input type="checkbox"/> CHEMICAL(S) <input type="checkbox"/> PHARMACEUTICAL(S) <input type="checkbox"/> RADIOACTIVE <input type="checkbox"/>		
NAME(S) OF SUBSTANCE(S)	CONCENTRATION	CAS/EINECS (or eq.)
FOR BIOLOGICAL SUBSTANCES, PLEASE SELECT THE BIOLOGICAL RISK LEVEL: <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL2+ <input type="checkbox"/> BL3 <input type="checkbox"/> BL4		
FOR PHARMACEUTICALS, SELECT THE CATEGORY OF THE API (ACTIVE PHARMACEUTICAL INGREDIENT): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
FOR RADIOACTIVE SUBSTANCES, WIPE TEST RESULTS ARE ATTACHED: <input type="checkbox"/> Below background levels <input type="checkbox"/> Above background levels		

*Material Safety Data Sheets, where available, must be attached.*

4. BIOLOGICAL DECONTAMINATION METHOD	4. NON-BIOLOGICAL DECONTAMINATION METHOD
<input type="checkbox"/> Flushed with water ( <i>only for BL 1 substances</i> ): Volume _____ and Temperature _____ °C	<input type="checkbox"/> Flushed with water: Volume _____ and Temperature _____ °C
<input type="checkbox"/> Autoclaved at ≥ _____ °C, _____ minutes ( <i>preferred method</i> )	<input type="checkbox"/> Other – Describe ( <i>Contact Technical Services for approval</i> ):
<input type="checkbox"/> Steamed at ≥ _____ °C, _____ minutes	
<input type="checkbox"/> Flushed with 70% alcohol followed by water	
<input type="checkbox"/> Wiped exterior with 70% alcohol	

5. CUSTOMER SIGNATURE (Please print name)			
NAME:		SIGNATURE:	
		DATE:	

*By signing this document, I hereby certify the information provided to be correct and complete.*

6. THIS SECTION FOR INTERNAL MILLIPORE USE ONLY			
RECEIVED BY:		SIGNATURE:	
		DATE:	
TECH. SVCS. REP.:		SIGNATURE:	
		DATE:	
EHS REP.:		SIGNATURE:	
		DATE:	