

Permit to Work Form

Clearance Certificate for Inspection, Servicing or Repair of Medical and Laboratory Equipment	
Addressed to:	
Location of Incident:	
Hospital / Department of Origin:	
Make and Description of Equipment / Item	
Model / Serial / Batch	
*This equipment has not been used in an invasive procedure nor has it been in contact with blood, other body fluids, or pathological samples, nor has it been cleaned in preparation for inspection, servicing or repair.	
*This equipment has been cleaned and decontaminated.	
*This equipment could not be decontaminated. The nature of the risk and safety precautions to be adopted are:	
Contaminated items should not be returned without prior agreement of the recipient	
I declare that I have taken all reasonable steps to ensure the accuracy of the above information in accordance with MHRA DB2003(5)	Name: Position: Signature: Date: Department: Telephone:

