



**Wescan
calibration**

9 - 12240 Horseshoe Way | Richmond, BC V7A 4X9

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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 ensure this completed form accompanies your equipment, or return by fax to: 604-275-0610

Thank you!

Wescan Calibration