

For the health and safety of our employees and to comply with legal requirements relating to hazardous materials, **it is absolutely essential that the relevant person in your company completes this form before returning any equipment to Lennox.** Equipment sent to Lennox may be subject to processing delays unless the completed form is received with the item(s) and approved by Lennox. In all cases, items being transported to Lennox must be clean, free from leaks of any sort and packaged appropriately to ensure safety during transit and receipt in Lennox.

The completed form must be placed into a document wallet on the OUTSIDE of the box, clearly labelled "CALIBRATION or SERVICE DEPARTMENT", so that it is CLEARLY VISIBLE to our warehouse staff.

Company Name:		Phone:	
Address:		Mobile:	
Contact Name:		Fax:	
P.O. No:		e-mail:	
Unit Details:			
Serial No:		Client I.D:	

If the item has NOT been in contact with noxious substances, dangerous chemicals, bodily fluids, biohazards, radioactive or other contaminants of a dangerous type, enter NO in the box, complete Section 5 and sign the declaration at the bottom of the form.

1. Please answer all sections by entering YES or NO in the relevant box.

Has the item been exposed internally or externally to any of the following:

(a) Blood, body fluids, pathological specimens	
(b) Other biohazards	
(c) Biodegradable material that could become a hazard	
(d) Chemicals or substances hazardous to health	
(e) Radioactive substances*	
(f) Other hazards	

2. If YES to any section of 1 (above), please provide details including names and quantities of agents as appropriate. (*For radioactive substances, include isotopes and checks made for residual activity.)

3. Please indicate the method of decontamination used:

4. If there is likely to be any areas of residual contamination, please specify:

5. Fault reported or calibration required, please specify:

Declaration: I declare the above information is true & complete to the best of my knowledge & belief.

Authorised Signature:		Date:	
Name (printed):		Position:	

Thank you for completing the form. On approval of the Decontamination Certificate, your item(s) will be processed.

For Lennox Use only:

Our Ref.:		Approved by:	
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