

**MEDICAL EQUIPMENT – SAFE HANDLING CERTIFICATE**

(Maintenance within Hospital)

**Note:** This equipment must be treated in accordance with the **Policy on decontamination of healthcare equipment prior to inspection and repair.**

Make and description of item/equipment:

Model:

Serial Number:

Asset Number:

Other distinguishing marks?

**Completed by: Name:**

Dept/Ward:

Date:

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**PART 1 – HAZARDS:**

TO BE COMPLETED BY Ward/Department

(Please tick  relevant hazard):

- NO HAZARD PRESENTED
- BLOOD/PUS
- BODY FLUIDS
- FAECES/URINE
- SPIT/SALIVA
- ELECTRICAL

**Initial preparation to be completed by the Ward/Department:**

(Decontamination staff will use PROTECTIVE CLOTHING OR EQUIPMENT)

(Please tick  relevant action)

- Wash surface with Detergent
- Wash surface with Hypochlorite solution
- Wipe surface with Mediwipe (alcohol)
- Wash and soak in Cidex

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**PART 2 – To be completed by Estates Department**

**THE OUTER SURFACE HAS BEE CONTAMINATED.**

**POTENTIAL HAZARDS WHICH MAY BE PRESENT ON DISMANTLING:**

BLOOD/PUS,  
ELECTRICAL,

BODY FLUIDS,  
CHEMICAL,

FAECES/URINE,  
NONE

SPIT/SALAVIA  
(PLEASE TICK )

**No further dismantling required for decontamination, as no further hazard.**

**Engineers/tradesmen should use and record Protective Clothing or Equipment.**

Please tick

Disposable apron/gloves;  
Surgical mask;

Safety spectacles;  
J Suit/overall

Chemical goggles;

Maintenance completed by: Name:

Date: