

## Decontamination Form for Product

For the purpose of Occupational Health and Safety requirements, it is required for all devices ( Centrifuge, Detection, PCR and Temperature Control & Mixing ) being sent to PT. Infiniti Bioanalitika Solusindo, be accompanied by a certificate of decontamination completed and signed by a suitably authorized representative

Company / Institute Name :	
Contact Person :	Department / Lab :
Delivery Address :	
Phone :	Fax :
Mobile :	Email :

Please select your category product :

<input type="checkbox"/> Centrifuges & Concentrators	<input type="checkbox"/> Detection	<input type="checkbox"/> MasterCycler	<input checked="" type="checkbox"/> Photometry	<input type="checkbox"/> Temperature Control & Mixing
--	------------------------------------	---------------------------------------	--	---

No	Model / Type	Serial No.	Software Version	Error code	Warranty	Non-Warranty
1						
2						
3						
4						
5						

Please describe Comment / Error your equipment listed :


Please indicate if the listed equipment has been used with any of the following :

<input type="checkbox"/> Bio-hazardous material	<input type="checkbox"/> Radioactive specimens	<input checked="" type="checkbox"/> Hazardous chemicals or solvents	<input type="checkbox"/> Other hazardous substances
---	--	---	---

Please describe the method used to decontamination your equipment listed :


Please complete the following declaration :

I confirm the above materials have been decontaminated and cleaned of any potential biological, radioactive or chemical hazard using standard recognized suitably documented procedures.

Name :	Position :
Authorised Signature :	Date :

PT. Infiniti Bioanalitika Solusindo

Authorized Distributor for Eppendorf

Rukan Grand Aries Niaga • Jl. Taman Aries Blok A1 No. 1N Jakarta 11620, Indonesia

Phone : +62 21 5870361/2/3 • Fax : +62 21 58906884

Email : service@ibs.co.id • website : www.ibs.co.id