



1565 Bustard Road
Lansdale, PA 19446
Phone: 610-287-3433 Fax: 610-287-0233
Web: www.integratedservicesolutions.com

Document Type:	Form	Effective Date:	01 Sep 2018
Title:	Met Lab Pipette Decontamination Form		
ID:	ISO-FRM-4111	Revision:	12.00
Page:	1	Of	1

Met Lab Pipette Decontamination Form

This form MUST be attached to each pipette order that is being sent to our Metrology lab for calibration. The Company Name, Address, Interval, and Location will be listed on the certificate as written here. Failure to attach this form will result in service delays and/or equipment being returned without being serviced.

Check if a New Customer:

Company: _____ Contact: _____
Address: _____
Phone: _____ Email: _____

Calibration Method: Service Level 1 Service Level 2* Service Level 3 Service Level 3A Service Level 4 Other
 Calibration Test Points (Levels 2, 3A, 4): 100%, 50%, 20% of range* 100%, 50%, 10% of range Other (please attach requirements)
 Re-Calibration Cycle: 3 month 6 month* 12 Month Other

* Default method, test points, & cycle if not otherwise selected. Default tolerances of 2x those given in ISO 8655-2 will be used.

Equipment Information:	Model:	Serial No.	Location	Tips Included		Chargers Included		Calibration	Preventive Maintenance	Corrective Maintenance	Comments
				Yes	No	Yes	No				

It is the responsibility of the sender to remove all substances that are dangerous to human health and to choose the appropriate method of decontamination based upon the substances used in the pipette. If more space is needed, attach an equipment list, additional forms or a blanket decontamination letter signed and on your company letterhead.

Decontamination Information:

What materials were used in each pipette listed above?

Non Hazardous Virus Toxic substance Pathogen Carcinogen Bacteria
 Chemical (explain) _____ Other (explain) _____

Decontamination Procedure Used: (If non-hazardous, skip this section):

Autoclave Biocides Other (explain) _____

Authorization: I certify that the unit(s) identified above has been totally decontaminated of all chemical, biological and/or radioactive materials PRIOR to shipment.

Printed Name of Company Representative: _____ Title: _____

Signature: _____ Date: _____

Office Use Only:	Quantity of Single Pipettes Received: _____
Job No.: _____	Quantity of Multi Pipettes Received: _____
Date Received: _____	Total Quantity Received: _____
	Chargers Received: _____
	Tips Received: _____