

Statement of Decontamination Form

ORDER FORM

DECONTAMINATION

Organization: _____ Contact: _____ Phone: _____

FAX TO: 856-686-1601 Sales Department ATTN: _____

For calibration service, send items and include this form to:
Henry Troemner LLC, 201 Wolf Drive, Thorofare, NJ 08086

Company: _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

End User: _____ Phone: _____

E-mail: _____ Fax: _____

Weight / Device (please circle one):

| Weight(s) | Flow Meter(s) | Temperature Device(s) | Humidity Device(s) | Pressure Device(s) |
|-----------|---------------|-----------------------|--------------------|--------------------|
|-----------|---------------|-----------------------|--------------------|--------------------|

Manufacturer: _____ Model: _____ Serial #: _____ Qty: _____

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Manufacturer: _____ Model: _____ Serial #: _____ Qty: _____

List any exposure to hazardous fluids, gasses or substances – please attach copies of any MSDS sheets where appropriate: _____

Method of Sterilization: ETO Biocides Irradiation
 Purge (Flow Meters) None Required
 Manual Disassembly and Cleaning Other: _____

I certify that the aforementioned item(s) are free of any radioactive, biohazardous or otherwise dangerous substances / gasses and are safe for human handling.

Signature: _____ Title: _____ Date: _____

Print Name: _____ Print Title: _____

3-112-BF (Rev 01/05)

For Troemner Use Only

Quoted Price: _____

Quote #: _____

Date: _____

Name: _____

To minimize delays – Please include a copy of this form and your order along with your weight(s) / device(s) to be calibrated. Service will not be performed without a completed Decontamination Form.

