

Highspeed Handpiece Services LTD

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CERTIFICATE OF DECONTAMINATION

Please complete the following sections:

EQUIPMENT DETAILS

Make
Model
Serial N^o

STERILISATION METHOD

Autoclave
Dry heat
Disinfectant
Other

NATURE OF FAULT

PRACTICE NAME & ADDRESS

Name:
Business Address:
Telephone:
Email:
Invoice address if different to business address:
Date:
Position:

Please note: it is illegal to send contaminated material through the post