

# STERILIZATION / DECONTAMINATION GOODS DECLARATION FORM



Please complete the Sterilization / Declaration section located on the bottom of this page.  
**This form must be signed and enclosed with your product for assessment / repair.**

**SERVICE REQUEST NUMBER:** \_\_\_\_\_

Once you have completed and signed the Sterilization / Declaration section, please package the goods carefully to reduce the risk of any damage while in transit. Whilst it is at your discretion on how you arrange delivery of goods to us, we do suggest registered post or a courier service to ensure your goods arrive safely. On the outside of the package, ensure you clearly write the **Service Request Number** and place this signed sterilization form in with the goods.

Return the goods to: **Warehouse 47 Arrenway Dr, Albany, Auckland 0632, New Zealand**

Service Request Numbers are valid for six weeks from the date of issue.  
Please ensure goods are sent as soon as possible to avoid any inconvenience of job cancellation.

Please note that a Technical Assessment Fee of \$125.00 (plus GST) will be charged if our quotation for repair is not approved by yourselves or if your product is not repairable when assessed by our Technical Department.

Kind regards,

**Technical Service Support Team**  
Device Technologies New Zealand  
Ph: 09 913 2000  
Fax: 09 913 2009  
Email: [customers@device.co.nz](mailto:customers@device.co.nz)

We guarantee that the item/s being returned for service or repair has been thoroughly cleaned, decontaminated and / or sterilized in accordance with AS/NZS 4187.

Requires Sterilization / Decontamination

Method of decontamination / sterilization: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

If sterilization of this type of instrument/equipment is not a requirement of the standard, Please indicate below and sign.

**Does not require sterilization**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_