



**Northern Illinois
University
Decontamination Certificate**

Date: _____

Instrument Model: _____ NIU # or Serial Number: _____

Department Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Contact Name: _____ Phone Number: _____

Instrument is for Disposal Return for Repair/Maintenance

Reason for Return: _____

Decontamination Certified By: _____

(Print Name)

(Signature)

Date of Decontamination: _____

Note: Keep one completed copy of this document within the department and send the original with the instrument.