S&A Grinding Services

Decontamination Certifiacte

Please complete this form and enclose it with the corresponding orthodontic instrument. The instruments and completed certificated should be sent to: **S&A Grinding Services, Trinity House, Borough Road, Wakefield WF1 3AZ**

Type/Make of Plier:

Description of Fault:

Sharpen ☐ **Re-Tip** ☐ **Other**

In accordance with the manafacturers instructions this item has been steralized by:

Autoclave ☐ **Dry Heat** ☐ **Cold Sterliant/Disinfictant** ☐

Signed:

Name:

Position:

Practice Name & Address:

Email: