

OFFICIAL

SCOTTISH POLICE
AUTHORITY

Forensic Medical Examination Suite – Forensic Decontamination Log

This form requires to be completed in every circumstance when a forensic medical examination is undertaken

Date/ Time in Time out	Name and Organisation	Reason for Entry	Forensic Medical Examination	Reference Number	Counter Contamination Have you been in contact with others or scenes connected to this investigation or engaged in activities which might introduce a contamination risk?	Notes and Counter Contamination Measures (detail measures taken, consider clothing change, time lapsed, showering, new PPE)	Protective Clothing Worn (to undertake forensic decontamination)
Date:	Name/ Designation:		Pre Examination clean undertaken by (sign)	Incident No. ☐ Crime Ref No. ☐ Self-Referral Ref No. ☐	Yes/No (if yes detail below)		Face Mask ☐
Time in:	Sign:		(Print)	Ref:			Beard Snood ☐
Time out:	Organisation:		Post Examination clean undertaken by (sign)				Hair Net / Hat ☐
			(Print)				Gloves (1) ☐
							Gown/coverall ☐
							Gloves (2) ☐
							Safety Glasses ☐
Comments/any issues identified:							

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