

Return of Vacuum Equipment – Declaration

Return Authorisation Number: _____

You must:

- Know about all of the substances which have been used and produced in the equipment before you complete this Declaration
- Read the Return of Absolute Vacuum Equipment – Procedure (HS1) before you complete this Declaration
- Contact Absolute Vacuum to obtain a Return Authorisation Number and to obtain advice if you have any questions

Send this form to Absolute Vacuum before you return your equipment as per the procedure in HS1

SECTION 1: EQUIPMENT

Manufacturer's Product Name: _____
 Manufacturer's Part Number: _____
 Manufacturer's Serial Number: _____
 Has the equipment been used, tested or operated?
 YES Go to Section 2 NO Go to Section 4

IF APPLICABLE:

Tool Reference Number: _____
 Process: _____
 Failure Date: _____
 Serial Number of Replacement Equipment: _____

SECTION 2: SUBSTANCES IN CONTACT WITH THE EQUIPMENT

Are any substances used or produced in the equipment:

- Radioactive, biological or infectious agents, mercury, poly chlorinated biphenyls (PCBs), dioxins or sodium azide? (if YES, see Note 1) YES NO
- Hazardous to human health and safety? YES NO

Note 1: Absolute Vacuum will not accept delivery of any equipment that is contaminated with radioactive substances, biological/ infectious agents, mercury, PCB's, dioxins or sodium azide, unless you:

- Decontaminate the equipment
- Provide proof of decontamination

YOU MUST CONTACT ABSOLUTE VACUUM FOR ADVICE BEFORE YOU RETURN SUCH EQUIPMENT

SECTION 3: LIST OF SUBSTANCES IN CONTACT WITH THE EQUIPMENT

Substance Name	Chemical Symbol	Precautions required (for example, use protective gloves, etc.)	Action required after a spill, leak or exposure

SECTION 4: RETURN INFORMATION

Reason for return and symptoms of malfunction: _____

If you have a warranty claim:

- who did you buy the equipment from? _____
- give the supplier's invoice number _____

SECTION 5: DECLARATION

Print your name: _____ Print your job title: _____

Print your organisation: _____

Print your address: _____

Telephone number: _____ Date of equipment delivery: _____

I have made reasonable enquiry and I have supplied accurate information in this Declaration. I have not withheld any information, and I have followed the Return of Vacuum Equipment – Procedure (HS1).

Signed: _____ Date: _____

Note: Please print out this form, sign it and return the signed form as hard copy.