

Employee safety and health is of prime importance. INFICON authorizes service, repair, and/or disposal of equipment only after a completed Declaration of Contamination (DoC) has been received and approved. This certificate is legally binding. The equipment and exposure information on the substance list must be accurately completed by a fully-trained employee who understands the proper handling of the substances listed, and who meets the legal requirements of the certification.

**1 Description of equipment:**

Model \_\_\_\_\_

Part Number \_\_\_\_\_

Serial Number \_\_\_\_\_

**2 Reason for return:**

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

**3 List the chemicals, gases, and/or substances that this equipment has been exposed to:**

Trade/Product Name	(Or) Chemical Name (or Symbol)	(Or) C.A.S. # (Chemical Abstract Service) (See MSDS)

Has this equipment been exposed to a copper semiconductor process?  Yes  No

To the best of your knowledge, has this equipment been exposed to any known Chemical Warfare Agents?  Yes  No



NOTE 1: All operating fluid(s) must be drained before shipping equipment to INFICON.

NOTE 2: If equipment has been exposed to radioactive materials, biological hazards, or certain chemical substances (such as, but not limited to, Arsine, Phosphene, etc.), then written evidence of decontamination and/or test data proving that contamination levels will not be damaging to human health will be required.

**4 Is the product now safe for human handling?**  YES, proceed to step 5.  
 NO, contact INFICON for decontamination information.

Items 1 through 4 completed by either the equipment user or safety engineer.

User/Engineer \_\_\_\_\_ Phone \_\_\_\_\_

**5 Legally binding certification:**

I certify that the information supplied is correct and accurate. I also certify that packages sent to INFICON are in compliance with applicable transportation regulations governing hazardous shipments. I understand and agree that I will be responsible for all costs associated with failure to properly and accurately complete the information on this form.

Organization/Company \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State/Province, Zip/Postal Code)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Date and legally certifying signature \_\_\_\_\_ Print Name/Title \_\_\_\_\_

**6** Upon completing this form, fax it to INFICON: Name \_\_\_\_\_ Fax \_\_\_\_\_  
 or, e-mail it to INFICON: Name \_\_\_\_\_ E-mail \_\_\_\_\_

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**INFICON USE ONLY**

Reviewed and accepted by \_\_\_\_\_

Date \_\_\_\_\_

RMA# \_\_\_\_\_