

Declaration of Contamination of the customer

(RMA) number _____

The service, repair, and/or disposal of vacuum equipment and components will only be carried out if a correctly completed declaration has been submitted. Non-completion will result in delay.

This declaration may only be completed (in block letters) and signed by authorized specialist personnel of the customer.

1 Description of product Type _____ Article number PN _____ Serial number SN _____	2 Reason for return _____ _____																						
3 Operating fluid(s) used (Must be drained before shipping.) _____																							
4 Used in copper process ¹⁾ no <input type="checkbox"/> yes <input type="checkbox"/> Seal product in plastic bag and mark it with a corresponding label.																							
5 Process related contamination of product <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">toxic</td> <td style="width: 15%;">no <input type="checkbox"/></td> <td style="width: 15%;">yes <input type="checkbox"/> ¹⁾</td> <td rowspan="7" style="text-align: center; vertical-align: middle;">  </td> </tr> <tr> <td>caustic</td> <td>no <input type="checkbox"/></td> <td>yes <input type="checkbox"/> ¹⁾</td> </tr> <tr> <td>flammable</td> <td>no <input type="checkbox"/></td> <td>yes <input type="checkbox"/> ¹⁾</td> </tr> <tr> <td>biological hazard</td> <td>no <input type="checkbox"/></td> <td>yes <input type="checkbox"/> ²⁾</td> </tr> <tr> <td>explosive</td> <td>no <input type="checkbox"/></td> <td>yes <input type="checkbox"/> ²⁾</td> </tr> <tr> <td>radioactive</td> <td>no <input type="checkbox"/></td> <td>yes <input type="checkbox"/> ²⁾</td> </tr> <tr> <td>other harmful substances</td> <td>no <input type="checkbox"/></td> <td>yes <input type="checkbox"/> ¹⁾</td> </tr> </table>		toxic	no <input type="checkbox"/>	yes <input type="checkbox"/> ¹⁾		caustic	no <input type="checkbox"/>	yes <input type="checkbox"/> ¹⁾	flammable	no <input type="checkbox"/>	yes <input type="checkbox"/> ¹⁾	biological hazard	no <input type="checkbox"/>	yes <input type="checkbox"/> ²⁾	explosive	no <input type="checkbox"/>	yes <input type="checkbox"/> ²⁾	radioactive	no <input type="checkbox"/>	yes <input type="checkbox"/> ²⁾	other harmful substances	no <input type="checkbox"/>	yes <input type="checkbox"/> ¹⁾
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The products is free of any substances which are damaging to health. yes <input type="checkbox"/>	1) All orifices (inlet and outlet flange) of the vacuum system or individual components (such as turbopumps) must be hermetically sealed with metallic blind flanges prior to shipment.																						
2) Contaminated products will not be accepted without written evidence of decontamination.																							
6 Harmful substances, gases and/or by-products Please list all substances, gases, and by-products which the product may have come into contact with: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Trade/product name Manufacturer</th> <th style="width: 25%;">Chemical name (preferably with symbol)</th> <th style="width: 25%;">Precautions associated with substance</th> <th style="width: 25%;">Action in case of human contact</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Trade/product name Manufacturer	Chemical name (preferably with symbol)	Precautions associated with substance	Action in case of human contact																		
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7 Legally binding declaration We hereby declare that the information on this form is complete and accurate and that we will assume any further costs that may arise. The contaminated product will be dispatched in accordance with the applicable regulations.																							
Organization/company _____ Address _____ Post code, place _____ Phone _____ Fax _____ E-Mail _____ Name _____ Date and legally binding signature _____ Company stamp _____																							

This form can be downloaded from our website.

Copies: 1 copy in advance to the service of INFICON. You will receive a return number from INFICON.

1 copy in a shipping bag on the transport carton.

INFICON GmbH

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