

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# _____