

Repair or service of instruments or components will only be carried out, when this form is completely available to us. Devices cannot be handled otherwise. This declaration shall be completely filled out and signed only by authorized trained personnel. A separate form is required for each device. It is to be sent to us or to be attached to the outside packaging.

<b>Product name:</b>	<b>Serial number:</b>
<b>Reason for return:</b>	

<b>1. Was the product contaminated during use or storage?</b>	<b>yes</b> <input type="checkbox"/> continue with 2	<b>no</b> <input type="checkbox"/> continue with 6
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<b>2. Which of the following contamination occurred :</b>			
toxic	no <input type="checkbox"/> 1) yes <input type="checkbox"/> 2)	1) or is at such low levels, that remaining hazardous contaminations do not pose a health hazard.	2) contaminated products will only be accepted upon proof of decontamination according to applicable regulations.
corrosive	no <input type="checkbox"/> 1) yes <input type="checkbox"/> 2)		
microbiological	no <input type="checkbox"/> 1) yes <input type="checkbox"/> 2)		
explosive	no <input type="checkbox"/> 1) yes <input type="checkbox"/> 2)		
radioactive	no <input type="checkbox"/> 1) yes <input type="checkbox"/> 2)		
other contaminations	no <input type="checkbox"/> 1) yes <input type="checkbox"/> 2)		

<b>3. Has the product been decontaminated?</b>	<b>yes</b> <input type="checkbox"/>	<b>no</b> <input type="checkbox"/>
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<b>4. How was it decontaminated?</b> (Product, Concentration, application duration, method, by whom, etc.)
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<b>5. Which contamination is still present on or inside the product?</b>	<b>none</b> <input type="checkbox"/>
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Material, pollutant	Chemical or medical name or formula	Decontamination measures	Recommended first aid

<b>6. Legal declaration</b>	
I/we hereby guarantee, that the information given is correct and complete and that I/we accept any costs associated with consequential damages. The transportation of hazardous materials fulfills requirements of all applicable law.	
Company/Institution	e-mail
Street	Zip code/city
Name	Phone
Date and signature	Company stamp