

Declaration of Contamination of Vacuum Equipment

The repair and/or service of vacuum equipment or components can only be carried out if a completed **Declaration of Contamination** has been submitted to Stanford Research Systems (SRS). The completed declaration must be reviewed by qualified personnel before a return authorization number (RMA#) can be issued. Contact SRS to request additional copies of this form or if you have any questions regarding the contents of this declaration.

- ◆ SRS reserves the right to refuse acceptance of vacuum equipment submitted for repair or maintenance work where the declaration has been omitted or has not been fully or correctly completed.
- ◆ SRS also reserves the right to refuse servicing any vacuum equipment that could potentially be harmful to the personnel carrying out the repair and service of the equipment.
- ◆ SRS will not accept any equipment that has been radioactively, or explosively contaminated.
- ◆ SRS will not service any equipment that might contaminate its vacuum calibration equipment.

Description of equipment

Equipment type/model: _____

Serial No: _____ Date of Purchase: _____

Reason for return (circle one): • Repair • Maintenance

Please describe symptoms and problems: _____

Equipment condition

Has the equipment been used ? (circle one) • Yes • No

Describe the operating environment the instrument was exposed to:

Was any of the equipment exposed to potentially harmful substances? (circle one)

• No

• Yes. Please attach list of all known harmful substances including chemical name and symbol, precautions associated with the substance and first aid measures in the event of accident.

Were any of the harmful substances:

- | | | |
|----------------|-------|------|
| ◆ Radioactive? | • Yes | • No |
| ◆ Toxic? | • Yes | • No |
| ◆ Corrosive? | • Yes | • No |
| ◆ Explosive? | • Yes | • No |

Was equipment decontaminated/cleaned before being shipped to SRS?

• Yes • No • Not Applicable

Legally Binding Declaration

I hereby declare that the information supplied on this form is complete and accurate. The dispatch of equipment will be in accordance with the appropriate regulations covering Packaging, Transportation and Labeling of Dangerous Substances.

Name (print): _____

Job Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____ @ _____

SRS Use Only.

RMA#: _____

Form reviewed by:
Signature _____

Name/Initials _____

Date: _____

Legally binding signature: _____ Date: _____