

Return Request—Safety Assurance Certificate

Section I : You have requested authorization to return and/or process the following:

Model Number : _____ **Serial Number :** _____ **Case Number :** _____

Authorized Return Number is required before return of any material.

Prior to processing the material identified above, the following must be completed and signed by a knowledgeable and responsible member of your firm. Failure to fill out this form completely will greatly increase the time for your calibration or repair.

Section II : Is the material New/Unused and in its original package?

YES - Skip to Section IV

NO - Continue Completing Form

List All Non-Hazardous Materials that have come in contact or been used with unit, **INCLUDING AIR & WATER**

Section III : Has the unit ever come in contact with or been exposed to any hazardous materials, externally or internally, including but not limited to those mentioned in section a)?

YES

NO

If **YES**, complete sections a, b, c, below. If **NO** skip to certification.

a) Completely identify all hazardous materials or pharmaceutical substances and check appropriate box(s). **MUST INCLUDE SDS.** Use additional sheets as necessary.

Material		
Poisonous Material	Oxidizer	Biological/Infectious Substances
Corrosive Material	Mercury	Flammable/Combustible Material
Radioactive Material	Carcinogen	Pharmaceuticals
Other		

b) Has unit has been properly cleaned, treated, sterilized, and is safe for human handling? (No residual hazardous material remaining)

YES

NO

c) Are additional safety hazards associated with this returned product?

YES

NO

If **YES**, describe in detail _____

Section IV : CERTIFICATION

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED ABOVE IS TRUE AND ACCURATE, UNIT IDENTIFIED IS FREE FROM HARMFUL LEVELS OF RADIOACTIVITY AND BIO HAZARDS (INCLUDING PENICILLIN AND B-LACTAMS), UNIT HAS BEEN PROPERLY CLEANED, AND ALL MATERIAL BEING SENT IS SAFE FOR HUMAN HANDLING.

Signature : _____ please print this form and sign manually Name : _____ Date : _____

Title : _____ Company : _____

Telephone : _____