HEALTH AND SAFETY FORM

This form must be completed and returned with equipment, or service will not be performed.

# Section 1: Customer Details

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| --- | --- | --- |
| **Company** | **Contact Name** | **Telephone** |
|  |  |  |
| **Address** | **Email** | **Fax** |
|  |  |  |

# Section 2: Equipment

|  |  |  |
| --- | --- | --- |
| **Product description** | **Model (P/N)** | **Serial number (S/N)** |
|  |  |  |
| **Original Purchasing Reference** | **Warranty Valid Until** | **Last Serviced** |
|  |  |  |

# Section 3: Type of Return

|  |  |  |
| --- | --- | --- |
|[ ]  **Preventive maintenance** |[ ]  **Troubleshooting** |[ ]  **Repair** |
|[ ]  **Upgrade** |[ ]  **Return of demo** |[ ]  **Warranty** |

# Section 4: Failure Description or Reason for Return

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# Section 5: Has the Equipment Been Used?

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|[ ]  **No, it’s still in Rowaco packaging** |
|[ ]  **No, the unit is unpacked but never installed in a system** |
|[ ]  **Yes, it’s been used with ONLY clean, dry inert gases (e.g. N2, Ar, He, Air)** |
|[ ]  **Yes, it’s been used with chemicals, non-inert gases, biological or radioactive agents (complete the table with information about the substances)** |
|  | ***Trade name*** | ***Chemical name*** | ***Chemical Symbol*** | ***CAS Number*** | ***Type of hazard*** |
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| Rowaco will not accept delivery of equipment that has been chemically, radioactively or biologically contaminated, without written evidence of decontamination or laboratory analysis. Alternately, we will require evidence that the biological process is not harmful. |

# Section 6: Signature

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| I declare that the above information is true and complete to the best of my knowledge and belief. |
| **Signature** |
| **Printed Name** | **Position** | **Date** |
|  |  |  |