


# Declaration of Contamination of Vacuum Equipment and Components - Form HS2

Read and follow the Procedure HS1 before you complete this Declaration. This Declaration may be completed and signed only by authorized and qualified staff.

Return Authorisation Number

If you need assistance completing this form please contact sales or customer care in your area.

1. Equipment	
Manufacturer's Product Name:	IF APPLICABLE: Tool Identification Number:
Manufacturer's Part Number:	Tool Manufacturer/OEM:
Manufacturer's Serial Number:	Tool Model:
	Process:
	Installed Date:
	De-installed Date:
	Part Number of Replacement Equipment:
	Serial Number of Replacement Equipment:

2. Condition of equipment	
Equipment has been used with: <ul style="list-style-type: none"> <li>radioactive substances</li> <li>biological or infectious agents</li> <li>mercury</li> <li>polychlorinated biphenyls (PCB's)</li> <li>dioxins</li> <li>sodium azide</li> </ul>	We will not accept delivery of any equipment that is contaminated with radioactive substances, biological/ infectious agents, mercury, PCB's, dioxins or sodium azide, unless you: <ul style="list-style-type: none"> <li>Decontaminate the equipment</li> <li>Provide proof of decontamination</li> </ul> YOU MUST CONTACT US FOR ADVICE BEFORE YOU RETURN SUCH EQUIPMENT 
Contaminated Equipment	Complete section 3, 4, 5
Uncontaminated equipment	Complete section 3, 4, 5

3. List of substances contact with the equipment			
Substance name	Chemical Symbol	Precautions required (for example, use protective gloves, etc.)	Action required after a spill, leak or exposure

4. Return information
Reason for return and symptoms of malfunction:
For how many hours has the product run?

5. Declaration	
Print your name:	Print your job title:
Print your organisation:	
Print your address:	
Telephone number:	Date of equipment delivery:
I have made reasonable enquiry and I have supplied accurate information in this Declaration. I have not withheld any information, and I have followed the Procedure HS1.	
Signed:	Date:
Note: Please print out this form, sign it and return the signed form as hard copy.	