

# REQUEST FOR RETURN Health and Safety Form

RA# \_\_\_\_\_

1. Return authorization numbers (RA#) will not be issued for any product until this Certificate is completed and returned to Kurt J. Lesker Company (KJLC) Returns and Service Representative (Fax 412-233-4275). For pump repair questions contact Vacuum Services at 412-233-4200 x7277. For other product questions call 412-233-5251.
2. When the form has been received and approved, the customer will be contacted and given a return authorization number.
3. Goods must be packaged properly to maintain vacuum cleanliness and prevent shipping damage. Items being returned for credit **must** be: as new and in re-stockable condition; returned in original packaging; and include any manuals and cabling originally provided. Items returned for credit are subject to a restocking fee. Pumps returned for repair must have oil drained, inlet port sealed, and exhaust port sealed. Please ensure that shipment documentation and package label clearly show assigned return authorization number (RA#). KJLC cannot accept any return without this reference, and reserves the right to return the item to the sender at the sender's expense.
4. Return all items to this address: **Kurt J. Lesker Company, Attn: RA# \_\_\_\_\_ 1515 Worthington Ave., Clairton, PA 15025**
5. If a product is received at KJLC in a contaminated condition, **the customer will be held responsible** for all costs incurred to ensure the product's safe handling. The customer will also be **liable** for any harm or injury to KJLC employees, and will indemnify and hold harmless KJLC from damages due to injury to KJLC employees, its agents or any other person or entity, resulting from exposure to toxic or hazardous materials present in the product. **Equipment that has been exposed to radioactive or biological substances will not be accepted.**

## I. DESCRIPTION:

Equipment Type: \_\_\_\_\_ TMU-071p Turbo pump \_\_\_\_\_  
Quantity: 1 Model No.: PM P02801G Serial No.: SN 13532932 \_\_\_\_\_  
Original Sales-order number: \_\_\_\_\_ Original PO#: \_\_\_\_\_

## II. REASON FOR RETURN (Be Specific):

\_\_\_\_\_  
\_\_\_\_\_

## III. WAS THE PRODUCT EVER EXPOSED TO, OR DID IT EVER CONTAIN TOXIC, HAZARDOUS, OR OTHERWISE

HARMFUL CHEMICALS? YES \_\_\_\_\_ NO XX

If yes, properly identify such materials by checking the appropriate box(s) below. A MSDS Sheet must be supplied for each box that is checked.

- |  |   |
|--|---|
| <input type="checkbox"/> Toxic Materials     | <input type="checkbox"/> Radioactive Materials            |
| <input type="checkbox"/> Corrosive Materials | <input type="checkbox"/> Biological/Infectious Substances |
| <input type="checkbox"/> Carcinogen          | <input type="checkbox"/> Flammable/Combustible Materials  |
| <input type="checkbox"/> Oxidizer            | <input type="checkbox"/> Other _____                      |
| Used in a Semiconductor Copper process?      | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

### If Yes was checked in Section III:

1. The product must be cleaned or decontaminated and made safe to handle before returning to KJLC.
2. The Health and Safety Form and Documentation showing proof of cleaning and/or decontamination must be returned to KJLC's R.A. Coordinator for review and approval.

I hereby certify that the product mentioned in Section I of this form has been properly cleaned or decontaminated and is safe to handle.

Name	<u>Bruce Brunschwig</u>	Position	<u>Bruce Brunschwig</u>
Signature	<u><i>Bruce Brunschwig</i></u>	Date	<u>Oct 10, 2005</u>
Phone	<u>626-395-2420</u>	Fax	<u>626 564-9672</u>
Company	<u>California Institute of Technology</u>		

KJLC approval that product was properly cleaned or decontaminated.

Signature \_\_\_\_\_ Date: \_\_\_\_\_