

# Product Return Form - Declaration of Contamination (United States Only)

**PRINT**

In compliance with Federal OSHA Safety Standard 1910-1200, Hazard Communications "Right to Know", Pfeiffer Vacuum Inc. requires this form be completed to preclude the potential health risk to its service personnel that can occur when receiving, disassembling, or repairing potentially contaminated products.

A Return Authorization will not be provided unless a fully completed, correct declaration of contamination is provided. If incomplete, the corresponding service request will be delayed or omitted. A separate declaration must be submitted for each device and each component. Connecting accessories, such as cables, connectors, covers and other accessories can be listed on the same Product Return Form.

**This declaration is only to be completed and signed by authorized and qualified staff.  
Items in RED are required fields.**

**1. Description of component**

Equipment type/Model:  Invoice No.:

Reference (P/N):  Delivery Date:

Serial No.:  PO Number:

(If the component is not serialized, please include the serial # of the parent unit.)

**2. Reason for Return** Return for testing only:  Y  N

**3. Equipment Condition**

<p>Has the equipment been used? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Has the oil been drained from the equipment? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>What type of pump oil was used? <small>(To ensure the product is tested with the same)</small> <input type="text" value="It is a turbo"/></p>	<p>Has the equipment been used in a process or application that uses a Copper "Cu" based chemistry/etches/strips/sputters or deposits copper?<sup>(3)</sup> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>
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**4. Process related contamination of equipment** Please indicate if the equipment has been subjected to any of the following:

<p>Biological, Explosive, Radioactive, Mercury, Cyanide, Dioxins, Sodium Azide, PCB's <sup>(1)</sup> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>Arsenic, Cadmium, Phosphorous <sup>(2)</sup> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>	<p>Toxic <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>Corrosive <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>Any other harmful substances <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>
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<sup>(1), (2), (3)</sup> Please reference the "POLICY FOR THE RETURN OF VACUUM EQUIPMENT AND COMPONENTS".

**5. Please list all substances, gases and by-products which may have come into contact with the equipment:**  
\*\*Note: Section must be filled out - even if only air exposure. \*\*

Chemical Name/ Symbol	Danger Class	Risks and Precautions	Action if spillage or human contact
air, N2 and O2	none	none	none

**6. Contact Information**

Billing Address	Shipping Address
Company Name: <input type="text" value="Caltech"/>	Company Name: <input type="text" value="Caltech"/>
Street Address: <input type="text" value="Payment Services"/> <input type="text" value="1200 E California Ave"/>	Street Address: <input type="text" value="391 S. Holliston Ave"/> <input type="text"/>
City, State, ZIP: <input type="text" value="Pasadena, CA 91125"/>	City, State, ZIP: <input type="text" value="Pasadena, CA 91125"/>
Contact Name: <input type="text" value="Bruce Brunswick"/>	Email: <input type="text" value="bsb@caltech.edu"/>
Tel: <input type="text" value="626 584 1207"/>	FAX: <input type="text"/>

**7. Legally binding declaration:** I hereby declare that the information supplied on this form is complete and accurate to the best of my knowledge. The returned equipment will be shipped in accordance with the appropriate regulations covering packaging, transportation and labeling of hazardous materials where required and as defined in the provided Pfeiffer Vacuum, Inc. "POLICY FOR THE RETURN OF VACUUM EQUIPMENT AND COMPONENTS".

Name (Printed): Bruce Brunswick  
Date: 08/11/15

Handwritten Signature: *Bruce Brunswick*