

# Return of Edwards Equipment - Declaration

Return Authorisation Number: \_\_\_\_\_

You must:

- Know about all of the substances which have been used and produced in the equipment before you complete this Declaration
- Read the Return of Edwards Equipment - Procedure (HS1) before you complete this Declaration
- Contact Edwards to obtain a Return Authorisation Number and to obtain advice if you have any questions
- Send this form to Edwards before you return your equipment as per the procedure in HS1

## SECTION 1: EQUIPMENT

Manufacturer's Product Name \_\_\_\_\_  
 Manufacturer's Part Number \_\_\_\_\_  
 Manufacturer's Serial Number \_\_\_\_\_

Has the equipment been used, tested or operated?  
 YES, Used or operated  Go to Section 2  
 YES, Tested, but not connected to any process or production equipment, and only exposed to Nitrogen, Helium or Air  Go to Section 4  
 NO  Go to Section 4

**IF APPLICABLE:**

Tool Identification Number \_\_\_\_\_  
 Tool Manufacturer/OEM \_\_\_\_\_  
 Tool Model \_\_\_\_\_  
 Process \_\_\_\_\_  
 Installed Date \_\_\_\_\_ De-installed Date \_\_\_\_\_  
 Part Number of Replacement Equipment \_\_\_\_\_  
 Serial Number of Replacement Equipment \_\_\_\_\_  
 Pump datalog attached? YES  NO   
 (Edwards Internal Use Only)

## SECTION 2: SUBSTANCES IN CONTACT WITH THE EQUIPMENT

Are any substances used or produced in the equipment:

- Radioactive, biological or infectious agents, mercury, poly chlorinated biphenyls (PCBs), dioxins or sodium azide? (if YES, see Note 1) YES  NO
- Hazardous to human health and safety? YES  NO

**Note 1:** Edwards 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:

- Decontaminate the equipment
- Provide proof of decontamination

**YOU MUST CONTACT EDWARDS FOR ADVICE BEFORE YOU RETURN SUCH EQUIPMENT**

## SECTION 3: LIST OF SUBSTANCES IN CONTACT WITH THE EQUIPMENT

Substance name	Chemical Symbol	Precautions required (for example, use protective gloves, etc.)	Action required after a spill, leak or exposure

## SECTION 4: RETURN INFORMATION

Reason for return and symptoms of malfunction: \_\_\_\_\_

For how many hours has the product run? \_\_\_\_\_ Do you wish to purchase a full Failure Analysis report? YES  NO

If you have a warranty claim:
 

- who did you buy the equipment from? \_\_\_\_\_
- give the supplier's invoice number \_\_\_\_\_

## SECTION 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 Return of Edwards Equipment - Procedure (HS1).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Please print out this form, sign it and return the signed form as hard copy.**