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Vacuum Process Solutions Ltd

Return of Vacuum Equipment Declaration Form SRN-01 Unit 36A , Henfield Business Park, Shoreham Road, Henfield, West Sussex, BN5 9SL, UK Tel: +44 0330 0581 875 | Email: sales@vacpro.co.uk Reg. No.: 11047616 | VAT No.: 284 2298 79

IMPORTANT:

- List <u>all</u> the substances, chemicals or gases that have been used with the equipment on this declaration, whether they are potentially dangerous to human safety or not
- Send the MSDS Safety Sheet with this form for any of the substances that are potentially dangerous to human health
- Email this completed form (in English) to VACPRO, this form MUST be approved before you return your equipment to us

SECTION 1: EQUIPMENT DETAILS

Service Return Number _____

Product Name _____

Part Number _____

Serial Number

Any other parts/accessories shipped with the equipment? _____

SECTION 2: LIST ALL SUBSTANCES IN CONTACT WITH THE EQUIPMENT

IMPORTANT: You must always complete Section 3 before returning any equipment to the local VACPRO facility regardless of whether the substances that have been in contact with the equipment are dangerous or not.

VACPRO will not accept delivery of any equipment that is contaminated with anything dangerous to human health, including radioactive substances, biological/infectious agents, mercury, PCB's, dioxins or sodium azide. YOU MUST ALWAYS decontaminate the equipment and provide proof of decontamination and the methods used to ensure the equipment is safe to work on by our technicians.

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

Substance/chemical/gas name	Chemical symbol	Precautions and PPE required (for example, protective gloves, face mask, safety glasses etc.)	MSDS safety sheet attached?

SECTION 4: RETURN INFORMATION & DETAILS OF FAULT/FAILURE

Reason for return and symptoms of malfunction: ____

1. Equipment purged with an inert gas such as Nitroge

2. Inlet and outlets blanked and sealed off?

Please tick here to confirm these 3 steps

3. Oil drained from equipment (if applicable)?

SECTION 5: DECLARATION

Your name:	Print your job title:
Company name & address:	
Telephone number:	Email address:
I hereby state that I have not withheld any informa equipment is safe for VACPRO technicians to work o	tion and I have taken every possible precaution to ensure the on.
Signed:	Date:

FORM SRN-01 (JUNE 2022)