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 SANTA CRUZ, CA 95062
 PH: 831-462-8900
 FAX: 831-462-3536
 WWW.PROVAC.COM

Your Company Name: _____ Provac Issued RMA# _____

Your Name: _____ P.O.# _____

Date: _____ Phone: _____ Fax: _____

Pump/Controller Model/Part# _____ S/N: _____

(Check Box for Warranty Evaluation) Please Explain: _____

To ensure the health and safety of our employees, and to meet regulations for safety in the workplace as well as regulations governing the handling and disposal of hazardous materials, it is essential to fully complete this form. This form (one completed form per pump) must be filled out for all products that come in contact with any kind of process involving gases, chemicals, or any other hazardous or dangerous substance.

1. Send completed copy of this form to us by fax or scanned email prior to product return.
2. Place a second completed copy of this form on the outside of the package with the return product.
3. The repair time will be prolonged if information is missing or if this procedure is not followed.

Reason for the return/rebuild and application/process in which the product was used:

Known materials in contact with the product are:
 (Please check all appropriate spaces)

Health Hazards	Physical Hazards	Other Physical Hazards	
<input type="checkbox"/> No Health Hazard	<input type="checkbox"/> Combustible Liquid	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> No Physical Hazard
<input type="checkbox"/> Corrosive	<input type="checkbox"/> Flammable Gas	<input type="checkbox"/> Water Reactive	
<input type="checkbox"/> Carcinogen		<input type="checkbox"/> Pyrophoric	
<input type="checkbox"/> Irritant		<input type="checkbox"/> Explosive	
<input type="checkbox"/> Toxic		<input type="checkbox"/> Unstable (Reactive)	
<input type="checkbox"/> Bio-Hazard <input type="checkbox"/> BL-1 <input type="checkbox"/> BL-2 <input type="checkbox"/> BL-3 <input type="checkbox"/> BL-4		<input type="checkbox"/> Flammable Liquid/Solid	

List all substances, gases, chemicals, and by products which may have come in contact with the product by common name or specific chemical name below Leaving below list blank or stating none is not acceptable.

List type of oil used in vacuum pump (if applicable): _____

Provac Sales, Inc. will not accept under any circumstances any product that has been exposed to radioactivity or is microbiologically contaminated.

Legally Binding Declaration

I hereby declare that the information supplied on this form is complete and accurate.

Signature: _____ Date: _____

Provac Sales, Inc. reserves the right to return to sender, at the sender's expense, any product that is not repairable, that is beyond our cleaning and decontamination capabilities, or that does not have a fully completed contamination data sheet.

Any questions? Call 831-462-8900