



Return of Edwards Equipment - Declaration

Return Authorisation Number:

You must:

- Know about <u>all</u> 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

	SEC	HON 1:	EQUIPMENT		
Manufacturer's Product Name			IF APPLICABLE:		
Manufacturer's Part Number			Tool Reference Numb	Tool Reference Number	
Manufacturer's Serial Number					
Has the equipment been used, teste	d or operated?	Í			
YES Go to Section 2 NO Go to Section 4			Serial Number of Replacement Equipme	ent	
SECTION 2	2: SUBSTANC	ES IN CO	I ONTACT WITH THE EQU	JIPMENT	
 Are any substances used or produced in the equipment: Radioactive, biological or infectious agents, mercury, poly chlorinated biphenyls (PCBs), dioxins or 			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:		
sodium azide? (if YES, see Note 1)		10 🗖	Decontaminate the equi		
Hazardous to human		_	Provide proof of decontage		
health and safety?	YES 🔲 N	10 🗖	YOU MUST CONTACT EDWARI SUCH EQUIPMENT	RDS FOR ADVICE BEFORE YOU RETURN	
			30011 22011 11.2.11		
SECTION 3: LI	ST OF SUBST	ANCES	IN CONTACT WITH THE	EQUIPMENT	
Substance name	Chemical Symbol	Precautio	ions required (for example, protective gloves, etc.)	Action required after a spill, leak or exposure	
		 	7101000112 g · ,		
		<u> </u>			
	 _				
		↓			
	ı	 			
	SECTION	4: RETU	JRN INFORMATION		
Reason for return and symptoms of malfunction:					
Reason for return and symptoms of manufaction					
If you have a warranty claim: • who did you buy the equipment from?					
	give the supplier's invoice number				
CECTION E. DECLADATION					
SECTION 5: DECLARATION					
Print your name: Print your job title:					
Print your organisation:					
Print your address:					
Telephone number:	Telephone number: Date of equipment delivery:				
I have made reasonable enquiry and I have supplied accurate information in this Declaration. I have not withheld ar					
information, and I have followed the	e Return ofEdwa	ards Equip		Note: Please print out this	
Signed:		Date:		form, sign it and return the signed form as hard copy.	