

Health And Safety Declaration for the Return of GOW-MAC Instrument Co. Equipment

In order to protect our employees from exposure to various hazards, the following statements and or questions **MUST** be answered. This document **MUST** be filled out and returned to GOW-MAC Instrument Co. before the instrument and or device / part can be accepted into GOW-MAC Instrument Co.'s repair and service facility. After the instrument and or device / part have been approved for return, an acknowledgement will be promptly issued with notification of the procedure for return.

If this form is not accepted or submitted the instrument and or device will not be allowed into the facility and or serviced.

Is there the possibility of internal or external contamination on this instrument and or device from any of the following?

Please check the appropriate box.

- Blood, Body Fluids, (e.g. Urine, Secretions), Pathological Specimens
- Infectious Substances or other Bio-Agents (e.g. Protein, Enzymes, Antibodies)
- Regulated Medical Wastes
- Radioactive Isotopes used in the area. Detail type (ECD, Isotopic Labels, etc) and Activity in Micro Curies
- Chemicals Or Substances That Are Hazardous To Health
- Biodegradable Material That Could Become Hazardous
- Other Hazards _____

If any of the above boxes are checked the following statements and or questions must be answered.

1. Specifically describe where (on or an) the instrument, device / part there might be any residual contamination (for example, blood spill on the surface). _____

2. Provide details of these hazards. Include names, Material Safety Data Sheets (MSDS), and concentration of contaminants, where possible. _____

3. Describe the method of decontamination used. **Attach Procedure.** _____

I declare that the above information is true and complete to the best of my knowledge and belief.

Authorized signature _____ Date: _____

Name (Printed) _____ Phone Number: _____

Company Name: _____ Fax Number: _____

Shipping Address: _____

City: _____ State/Country: _____ Zip: _____

All applicable regulations should be followed when returning instrumentation, devices and or parts.

**Fax this form back to: (610) 954-0599 or
e-mail this form to: repairs@gow-mac.com**

For GOW-MAC Use Only:

- Passed** Safety Inspection. OK to proceed to Repair Dept.
- Failed** Safety Inspection. DO NOT proceed to Repair Dept.

Signed: _____ Date ___/___/___

Chem. Sfty Off. Comments: () None

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