

# 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 by you. Fill out this document in its entirety and either fax or e-mail it to GOW-MAC Instrument Co., Attn: Repair Dept, **BEFORE** returning the product.

The instrument/device/part being returned **will not** be accepted into GOW-MAC's facility until we receive this completed document. Once the product has been approved for return by our chemical safety officer, an acknowledgement will be promptly issued to you with notification of your Return Materials Authorization (RMA) number and the procedure to follow for returning the product. *All applicable regulations should be followed when returning instrumentation, devices, and or parts.*

## Customer to Record the Following:

Model # / Part #: \_\_\_\_\_  
Serial #: \_\_\_\_\_  
Service Technician spoken to: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

***If this form is not approved by our chemical safety officer, the instrument/device/part WILL NOT be permitted into our facility for servicing!***

A] Briefly list the application(s) for which the instrument/device/part was used, as well as any and all chemicals, gases, and/or materials analyzed. (**MUST be filled in**): \_\_\_\_\_

B] Is there the possibility of internal or external contamination on or in this instrument/device/part?

Yes – see below     No – proceed to C.

*Please check the appropriate box.*

- Chemicals or Substances That Are Hazardous to Health
- Blood, Body Fluids, (e.g. Urine, Secretions), Pathological Specimens
- Regulated Medical Wastes
- Infectious Substances or other Bio-Agents (e.g. Protein, Enzymes, Antibodies)
- Radioactive Isotopes used in the area. Detail type (ECD, Isotopic Labels, etc) and Activity in Micro Curies
- 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 in) the instrument/device/part there could 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. \_\_\_\_\_

C] I declare that the above information is true and complete to the best of my knowledge. I acknowledge that any inconsistencies between the condition of the instrument and the statements made on this form will delay the repair process.

Authorized signature \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Phone number: \_\_\_\_\_

Company name: \_\_\_\_\_ Fax number: \_\_\_\_\_

Shipping address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip : \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Complete form. Then either click**

**or fax to (610) 954-0599.**

### For GOW-MAC Use Only:

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

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

Chem. Safety Off.

RMA No: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: ( ) None

( ) On Back



**GOW-MAC**® INSTRUMENT CO.

QC Return Safety Doc.doc  
Rev. 5 3/16/2011