

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 and their concentrations. (**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: _____

BEFORE item can be shipped, fax completed form to: (610) 954-0599 or e-mail it 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: _____

Chem. Safety Off.

RMA No: _____

Date ____/____/____

Comments: () None

() On Back >>>>



GOW-MAC® INSTRUMENT CO.

REP-005
Health-Safety Declaration Doc – ONLINE
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