

# 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/part being returned **will not** be accepted into GOW-MAC's facility until we receive this completed document, along with a **PO or Credit Card**. Once approved for return by our Chemical Safety Officer, a **Return Materials Authorization (RMA) number** and shipping instructions will be issued. *All applicable regulations should be followed when returning instrumentation, 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/PART WILL NOT BE PERMITTED INTO OUR FACILITY FOR SERVICING!**

- A] Brief explanation of issue: \_\_\_\_\_
- B] Briefly list the application(s) for which the instrument/part was used, as well as any and all chemicals, gases, and/or materials analyzed and their concentrations. (**Must be filled in**): \_\_\_\_\_
- C] Is there the possibility of internal or external contamination on or in this instrument/part?  
 Yes – see below     No – proceed to D.

*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/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. \_\_\_\_\_
- D] 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](mailto:repairs@gow-mac.com)

### For GOW-MAC Use Only:

Signed: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Passed** Safety Inspection. **OK** to proceed to Repair Dept.

Chemical Safety Officer

Comments: ( ) None

**Failed** safety inspection. **DO NOT** proceed to Repair Dept.

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

( ) On Back >>>>



**GOW-MAC** INSTRUMENT CO.