



Return Request – Safety Assurance Certificate

Section I: Please list the following information for the equipment you have requested authorization to return and/or process:

Model #: _____ **Serial#:** (If item has no serial #, mark "N/A") _____

Ticket #: _____ **Case #:** _____ **RMA#:** _____

Authorized Return Number is required before return of any material.

Prior to processing the material identified above, the following must be completed in its entirety and signed by a knowledgeable and responsible member of your firm. Failure to fill out this form completely will greatly increase the time for your calibration or repair.

Section II: Is the material new/unused and in its original package? Yes – If yes, go to Section IV.

No

If the unit is not new/unused, has the unit been properly cleaned, treated, sterilized, and is safe for human handling with no residual material of any kind remaining? Yes No

Section III: List ALL materials, liquids, and gases (including air and water) that have contacted, or been used with this unit:

Has the unit ever been in contact with, or been exposed to, any substance(s) for which the manufacturer of that substance has created a safety data sheet? (IF YES, A SAFETY DATA SHEET (SDS) MUST BE INCLUDED FOR EACH SUBSTANCE.)

Material Characteristics

If the unit has ever been in contact with any material with the characteristics listed below, please check ALL boxes that apply:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Poisonous Material* | <input type="checkbox"/> Oxidizer* | <input type="checkbox"/> Biological/Infectious Substance* |
| <input type="checkbox"/> Corrosive Material* | <input type="checkbox"/> Mercury* | <input type="checkbox"/> Flammable/Combustible Material* |
| <input type="checkbox"/> Radioactive Material* | <input type="checkbox"/> Carcinogen* | <input type="checkbox"/> Pharmaceuticals* |
| <input type="checkbox"/> Other – Please list* _____ | | |

Are additional safety hazards associated with this returned product? Yes No

If yes, please describe in detail: _____

Section IV: CERTIFICATION

OMEGA ENGINEERING RELIES ON THE ACCURACY AND COMPLETENESS OF THIS INFORMATION TO PROTECT OUR EMPLOYEES FROM INJURY BY EXPOSURE TO HARMFUL MATERIALS. THE UNDERSIGNED WILL BE HELD LEGALLY RESPONSIBLE FOR INJURY/ILLNESS RESULTING FROM NON-DISCLOSURE.

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED ABOVE IS TRUE AND ACCURATE, THE UNIT IDENTIFIED IS FREE FROM HARMFUL LEVELS OF RADIATION AND BIOHAZARDS (INCLUDING PENICILLIN AND B-LACTAMS), THE UNIT HAS BEEN PROPERLY CLEANED, AND ALL MATERIAL BEING SENT IS SAFE FOR HUMAN HANDLING.

Signature: _____ Name: _____ Date: _____

Title: _____ Company: _____

Telephone: _____ Email: _____

Items with a () require a safety review prior to return.