

Return Request – Material Handling Sheet /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 #: _____ **RMA# (Dwyeromega use only):** _____

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 V.

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: You **MUST** check and/or list ALL materials, liquids and/or gases that have been used with the unit and/or with which the unit has come into contact.

Materials: Oil Water Other _____ None/Air Only

Section IV: Has the unit ever been in contact with, or been exposed to any quantity of any substance(s) for which the manufacturer of that substance has created a safety data sheet?

Yes (IF YES, YOU **MUST** INCLUDE A SAFETY DATA SHEET (SDS) FOR EACH SUCH SUBSTANCE.)

No

Material Characteristics

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

Poisonous Material*

Oxidizer*

Biological/Infectious Substance*

Corrosive Material*

Mercury*

Flammable/Combustible Material*

Radioactive Material*

Carcinogen*

Pharmaceuticals*

Other – Please list* _____

Are additional safety hazards associated with this returned product?

Yes No

If yes, please describe in detail: _____

Section V: CERTIFICATION

DWYEROMEGA 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 ALL COSTS INCURRED BY OMEGA AND 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.

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