

VACUUM ATMOSPHERES COMPANY

4625 W. Rosecrans Avenue
Hawthorne, CA 90250-6896
(P) 310 644-0255 (F) 310 970-0980
E-Mail: info@vac-atm.com

RETURN MATERIALS REQUEST FORM

NOTICE: This form must be completed and returned to VAC prior to our issuing an RMA number. Material shipped to VAC without an RMA number will not be processed and will be returned to you without notice, freight collect.

Company name _____ Phone _____ Fax _____

Purchasing Contact _____ Technical contact _____

Material to be returned (model no. or description)

Description of problem or reason for return _____

Original P.O. or Serial number _____

Has this material been involved with or exposed to radioactive or biological substances or processes? _____

Chemicals (including gasses) the equipment has been exposed to:

List the numbers found to the left of the chemical name or trade name on the attached chemical listing.

Provide MSDS' for chemicals not shown on the chemical listing. List associated CAS numbers below.

Describe the decontamination procedures you used (use separate sheet if necessary)

DECLARATION OF DECONTAMINATION

NOTE: This declaration can only be signed by qualified staff or company official.

I hereby declare that the item being returned has been decontaminated and does not contain any hazardous residues that exceed permissible exposure limits (PEL) per the California-USA Occupational Safety and Health Act, and its implementing regulations. The information supplied herein is complete and accurate.

Name _____ Signature _____

Title _____ Date _____

VAC reserves the right to refuse acceptance of any RMA request that is deemed to have material that has been involved with unsafe substances as determined by the VAC safety committee. Also, VAC reserves the right to refuse acceptance of any returned material if the safety committee determines it to be unsafe.

VAC USE ONLY

Approvals _____ RMA number _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____