



DECLARATION ON CONTAMINATION

i To comply with legal obligations and to protect our staff and facilities, we need you to fill in and sign the Declaration on Contamination before we can start working on your order. Remember to include the declaration in the shipping documents or, ideally, attach it to the outside of the packaging.

Device data

Designation:	Serial no.:
Article code/ configuration ID:	Others:

Properties of the substances (check as applicable)

The devices that we returned for inspection or repair

got into contact with radioactive substances.

did not get into contact with hazardous substances.

got into contact with hazardous substances; those were:

Designation of the substances	Flammable	Toxic	Corrosive	Explosive	Oxidizing	Health hazard, CMR*	Irritant	Dangerous for the environment
Substances that the devices got into contact with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substances that the devices were cleaned with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Carcinogenicity, mutagenicity, reproductive toxicity
 Include the material safety data sheets if the substances are rated according to the hazardous sub-stances regulations.

Protective measures

Thoroughly drain the devices, disassemble them as far as possible, and clean them on the inside and outside before shipping. The following is to be observed for further handling of the devices:

No special safety precautions need to be taken

The following safety precautions need to be taken (check as applicable):

					Additional information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety goggles	Safety gloves	Face shield	Protective clothing	Respiratory protection	

Details on sender

Company:	Name:
Address:	Dept.:
Zip code and town/city:	Phone: E-mail:

We confirm that these specifications are correct and complete, and that the devices were shipped according to the applicable rules and regulations.

Place, date:	Company stamp and legally binding signature
Name and phone no. of emergency contact:	