



## Declaration of Contamination of Compressors, Vacuum Pumps and Components

The repair and / or servicing of compressors, vacuum pumps and components will be carried out only if a correctly completed declaration has been submitted. Non-completion will result in delay. The manufacturer can refuse to accept any equipment without a declaration.

**A separate declaration has to be completed for each single component.**

This declaration may be completed and signed only by authorized and qualified staff.

Customer: _____ Address: _____ _____ Person to contact: _____ Phone: _____ Fax: _____ End user: _____	Reason for return: <input checked="" type="checkbox"/> applicable please mark <b>Repair:</b> <input type="checkbox"/> chargeable <input type="checkbox"/> warranty <b>Exchange:</b> <input type="checkbox"/> chargeable <input type="checkbox"/> warranty <input type="checkbox"/> Exchange already arranged / received <b>Return only:</b> <input type="checkbox"/> rent <input type="checkbox"/> loan <input type="checkbox"/> for credit <b>Calibration:</b> <input type="checkbox"/> DKD <input type="checkbox"/> Factory-calibr. <input type="checkbox"/> Quality test certificate
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### A. Description of the product:

Material description: \_\_\_\_\_  
 Catalog number: \_\_\_\_\_  
 Serial number: \_\_\_\_\_  
 Type of oil (ForeVacuum-Pumps): \_\_\_\_\_

### Failure description:

Additional parts: \_\_\_\_\_  
 Application-Tool: \_\_\_\_\_  
 Application- Process: \_\_\_\_\_

### B. Condition of the equipment

	No <sup>1)</sup>	Yes	No
1. Has the equipment been used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drained (Product/service fluid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All openings sealed airtight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Purged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, which cleaning agent \_\_\_\_\_  
 and which method of cleaning \_\_\_\_\_

<sup>1)</sup> If answered with "No", go to D. ←

### Contamination :

	No <sup>1)</sup>	Yes
toxic	<input type="checkbox"/>	<input type="checkbox"/>
corrosive	<input type="checkbox"/>	<input type="checkbox"/>
flammable	<input type="checkbox"/>	<input type="checkbox"/>
explosive <sup>2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
radioactive <sup>2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
microbiological <sup>2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
other harmful substances	<input type="checkbox"/>	<input type="checkbox"/>

### C. Description of processed substances (Please fill in absolutely)

#### 1. What substances have come into contact with the equipment ?

Trade name and / or chemical term of service fluids and substances processed, properties of the substances  
 According to safety data sheet (e.g. toxic, inflammable, corrosive, radioactive)

	Tradename:	Chemical name:
a)		
b)		
c)		
d)		

2. Are these substances harmful ?  No  Yes
3. Dangerous decomposition products when heated ?  No  Yes
- If yes, which ? \_\_\_\_\_

<sup>2)</sup> Components contaminated by microbiological, explosive or radioactive products/substances will not be accepted without written evidence of decontamination.

### D. Legally binding declaration

I / we hereby declare that the information supplied on this form is accurate and sufficient to judge any contamination level.

Name of authorized person (block letters) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_ signature of authorized person \_\_\_\_\_

