

RETURN FORM/DECONTAMINATION DECLARATION SERVICE

Please fix this declaration on the **OUTSIDE** of the packaging



Our intent is to present quick and specified service as well as to protect the health of our staff. Therefore, we kindly ask for your understanding that we can only accept the return of our units and their corresponding accessories for repair, service, or calibration with a complete declaration filled in by the user. If this declaration is missing, incomplete or insufficient we reserve the right to refuse acceptance and return the equipment at customer's expense.

SV No.: _____
Date: _____ Company: _____
Product: _____ Contact Person: _____
Article No.: _____ Phone Number: _____
Serial No.: _____ E-Mail Address: _____

REASON FOR RETURN incl. failure description if any

Error codes: _____

DESCRIPTION OF APPLICATION

Sample materials processed on this unit/part: _____
(general description "powder, grain, pellets" insufficient) _____
Batch Volume: _____ Feed Particle Size: _____
Speed, Amplitude, or Potentiometer Settings: _____
Accessories used: _____
No of Processes/Day: _____ Duration of Grinding or Sieving: _____

THESE DATA MAY HELP SOLVING SPECIFIC PROBLEMS OF THE PRODUCT, PLEASE FILL IN COMPLETELY.

SAFETY DECLARATION

- A.** We assure that the returned unit and/or accessories are properly cleaned:
- Yes
- B.** After cleaning remaining contaminations in-/outside of the unit/part are above specified **sample materials** and:
- We assure that they are completely harmless to the health of your employees.
- or**
- We cannot assure that they are completely safe.
(MSDS sheets to be attached)

I/We declare that the above declaration is complete and accurate to the best of our knowledge. I/We understand that Retsch has the right to refuse the delivery of badly soiled machines or any equipment that poses potential health risk to our staff.

Place/Date: _____ Authorized Signature: _____

RETURN SHIPPING

Company: _____ Dept: _____
Street Address: _____ City/Zip: _____
_____ State/Country: _____
Attention: _____ Phone Number: _____