HEALTH AND SAFETY FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH EQUIPMENT OR SERVICE WILL NOT BE PERFORMED

RETURN MATERIAL AUTHORIZATION NUMBER (RMA#):	
RETURN TO STOCK NUMBER/RTS# **(If applicable):**	**Trade in number (if applicable):**

Section 1: (one instrument per form)	**MKS Part Number:**
	MKS Serial Number:

Section 2: Has this equipment been used? *(Please check appropriate boxes)*

☐	**No – Still in MKS packaging**
☐	**No – Unit unpacked, but never installed in a system.**
☐	**Yes -- Used only with clean, dry inert gas (For Example: Air, N2, Ar, He).**
☐	**Yes -- Used with chemicals, non-inert gases, biological or radioactive agents.)** **Identify all materials:**
☐	**Yes -- Unit has been exposed to a process containing Copper. Equipment must be double bagged. Label outside bag and packing slip, Copper Part. Label final shipping container Copper Part and place a strip of ORANGE TAPE on the container.**
	Has equipment been purged? ☐ No ☐ yes purged with what?
	Has equipment been flushed? ☐ No ☐ yes flushed with what?
	Has equipment been decontaminated? ☐ no ☐ yes, explain process:
	How many months in use?

Section 3: Detailed failure information or description or required service or reason for return.

Section 4: Company or Organization (mandatory information)

Company:		
Address:		
City:	State:	Zip:
Printed Name:	Signature:	
Date:	Phone #:	
Email:	Fax #:	
End User (if applicable):		

For MKS USE only:

MKS Subsidiary or Agent:
Contact Name:
Customer #:
Maximum Credit allowed (TBD after inspection)

ALL PRODUCTS MUST BE RETURNED IN SEALED BAGS

MKS will not accept delivery of equipment that has been chemically, radioactively or biologically contaminated, without written evidence of decontamination or laboratory analysis. Alternately, we will require evidence that the biological process is not harmful.

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