

# DECLARATION OF CONTAMINATION OF CRYOSTATS, VACUUM EQUIPMENT AND COMPONENTS

Servicing and repair will only be carried out if the conditions for servicing and repair are complied with in full according to the conditions of sale of CryoVac GmbH & Co KG. The manufacturer will refuse to accept any equipment without a signed declaration securely fastened to the outside of packaging.

**This declaration can only be completed and signed by authorised and qualified staff.**

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## 1. Description of Vacuum Equipment and Components

Equipment Type .....Comission-Number \_\_\_\_ - \_\_\_\_  
Invoice-Number .....Delivery-Date .....

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## 2. Reason for Return

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## 3. Condition of Cryostats, Vacuum Equipment and Components

Has the equipment been used? Yes [ ] No [ ]  
Is the equipment free from potentially harmful substances? Yes [ ] No [ ]

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## 4. Process-related contamination of Cryostats, Vacuum Equipment and Components

Toxic? Yes [ ] No [ ] Corrosive? Yes [ ] No [ ]  
Explosive? Yes [ ] No [ ] Biological Hazard? Yes [ ] No [ ]  
Radioactive? Yes [ ] No [ ] Other Harmful Substance? Yes [ ] No [ ]

Cryostats, Vacuum Equipment and Components that have been contaminated will not be accepted without written evidence of decontamination.
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## 5. Contamination Materials.

List all substances, gases and by-products which may have come into contact with the equipment, giving: trade name, product name, manufacturer, chemical name or symbol, dangerous material class, measures to take in case of spillage and first aid in case of human contact. Attach continuation sheets as necessary, but state the number of sheets and title(s) of attachments below:

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## 6. Legally Binding Declaration

I hereby declare that the information supplied on this form is complete and accurate. The despatch of the contaminated vacuum equipment and components will be in accordance with the appropriate regulations covering Packaging, Transportation and Labelling of Dangerous Substances.

Legally binding signature:	Company stamp:
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Name and Organisation: .....  
Address:  
Street: ..... Postal Code: ..... City: .....  
Country: .....  
Telephone: ..... Fax: ..... e-mail: .....  
Name: ..... Job Title: ..... Date: .....

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## Return Goods to:

**CryoVac** GmbH & Co KG; Heuserweg 14; D-53842 Troisdorf; Germany