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Declaration of Contamination

The repair and/or service of Flow Metering Equipment and Accessories can only be carried out if a correctly completed Declaration of Contamination has been submitted. Failure to complete this form may result in delays. TrigasFI GmbH reserves the right to refuse acceptance of consignments submitted for repair or maintenance work that are not accompanied by the declaration.
This declaration may only be completed and signed by authorized and qualified staff.

1. Description of component:

- Equipment type/model: _____ Code/Serial No: _____
- Invoice No. (if known): _____ Delivery Date (if known): _____

2. Reason for return:

_____

_____

3. Equipment condition:

- Has the equipment been used? Yes ■ No ☐
- What type of operating medium was used? _____
- Is the equipment free from potentially harmful substances? Yes ☐ - go to Section 5
  No ■ - go to Section 4

4. Process related contamination of Equipment/Accessories:

- Toxic	Yes ☐	No ☐		Corrosive	Yes ☐	No ☐	
- Explosive*	Yes ☐	No ☐		Microbiological*	Yes ☐	No ☐	
- Radioactive*	Yes ☐	No ☐		Other harmful substances	Yes ☐	No ☐	

* We will not accept any Equipment/Accessories which have been radioactively, explosively, or microbiologically contaminated without written evidence that such Equipment/Accessories have been decontaminated in the prescribed manner.
Please list all harmful substances, gases and dangerous by-products which have come into contact with the Equipment and Accessories.

	Trade/Product name and Manufacturer	Chemical name and symbol	Danger class	Precautions associated with substance	First aid measures in the event of accident
a.					
b.					
c.					
d.					
e.					

5. <u>Legally Binding Declaration</u>:

I hereby declare that the information supplied on this form is complete and accurate. The dispatch will be in accordance with the appropriate regulations covering Packaging, Transportation and Labeling of Dangerous Substances.

Name of Organisation: _____

Address: _____

_____

Tel.: _____ **Fax:** _____

Name: _____ **Date:** _____

Job Title: _____

Authorized Signature and Company Stamp: _____

☐ I would like to receive information about calibration services, turnaround options, and technical updates from TrigasFI GmbH.