CUSTOMER RETURNS FORM

Please enclose this form in the return shipment!

ISO 9001:2015 Control Form	
Issue:	191016
Revision:	01
Form No.:	V000340

Our intent is to offer quick and high quality 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 inspection with a completed declaration.
If this declaration is missing we reserve the right to refuse and return the equipment at the customer's expense.

Customer/Distributor Name:			
Customer Order Number:			
Description of Equipment:			
Part Number:			
Serial Number(s):			
Reason for Return:	☐ Service/Calibration	☐ Returned For Credit	☐ After Loan/Demo
Details of any problems encountered:			

THE EQUIPMENT HAS BEEN EXPOSED TO AND/OR CONTAMINATED WITH THE FOLLOWING SUBSTANCES:

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The staff doing the repair and/or maintenance needs to be informed about the state of the contaminated applications and accessories before starting their work on the returned goods.
The sender is required to clean the application appropriately. Shrink-wrapping in foil is useful. These precautions are unavoidable to ensure the safety of our staff.

Please tick or fill out the properties of the contamination:

☐ a) explosive	☐ g) moisture sensitive
☐ b) toxic (toxic byproducts)	☐ h) oxidizing
☐ c) carcinogenic	☐ i) radioactive
☐ d) corrosive	☐ j) microbiological
☐ e) inert	☐ k) flammable
☐ f) skin irritant, caustic	☐ l) other harmful substances: .....

METHOD OF DECONTAMINATION:

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SHIPMENT:

For the shipment of contaminated devices and components, please undertake the following steps:

- Release the medium, depressurize the device / component
- Flush application to neutralize / decontaminate
- Close all openings (airtight)
- Shrink-wrap in appropriate foil
- Ship in suitable transport container

LEGALLY BINDING DECLARATION:

Hereby I / we assure that the data in this form is correct and complete. The shipment of the contaminated devices and components occurs in accordance with statutory provisions.

Authorised Signature	Date .....
Name Printed	Position .....
Company Name	Department .....
Address	Tel .....
.....	Fax .....
.....	email .....
Company stamp	.....
.....	.....

Gas Control Equipment

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Return address
GCE GmbH
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BY EMAIL
(only informational)