



Solartron Metrology
Customer Returns Form

Customer Name:			
Customer Address:			
	Post / Area Code:		
Contact Name:			
Telephone Number:			
Fax Number:			
Email Address:			
Customer Order / Reference No:			
Unit Type:	Serial Number:		

Please state the reason for the return of the equipment: 'X'

Fixed Price Test	<input type="checkbox"/>	Warranty Test & Repair	<input type="checkbox"/>
Fixed Price Test & Repair	<input type="checkbox"/>	Warranty Repair & Cal	<input type="checkbox"/>
Fixed Price Calibration	<input type="checkbox"/>		
Fixed Price Repair & Calibration	<input type="checkbox"/>		
Credit / Return to Stock	<input type="checkbox"/>		

Repair Fault Details:	

Health And Safety Declaration.

The Control of Substances Hazardous To Health Regulations 1988.

Has the above equipment been exposed to Hazardous Substances Or Materials ? 'X'

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If 'NO' Please attach this form to your equipment and ship to the address below.

If 'YES' Please complete the sheet 2 Health and Safety Declaration form.

Solartron Metrology, Customer Service Department,
 10770 Hanover Road, Forestville, NY 14062
 ph(716)965-4100
 email: chris.bernard@ametek.com

FAO: Chris Bernard / Applications Engineer

Customer Signature:			
Position:		Date:	



Solartron Metrology
Health And Safety Declaration

The Control of Substances Hazardous to Health Regulations 2002

It is a requirement that all equipment returned to Solartron Metrology for any purpose be certified by the sender as "SAFE TO HANDLE". You are required to identify any substances or materials that the above mentioned equipment has or could have been exposed to since it left the factory. If any unit is likely to be contaminated with blood, bodily fluids, pathological specimens, other biohazards, chemicals or substances hazardous to health or any other hazard, it must where practicable be decontaminated prior to return for service repair. Solartron Metrology reserve the right to refuse to handle material which we feel could pose a risk to our service staff ever after decontamination.

DETAILS OF HAZARDOUS SUBSTANCES OR MATERIALS

Common name of material or substance the equipment has been exposed to:

Chemical name or formula of the material or substance the equipment has been exposed to:

WHAT IS THE HAZARD ASSOCIATED WITH THE ABOVE: 'X'

FLAMMABLE	<input type="checkbox"/>	HARMFUL	<input type="checkbox"/>
EXPLOSIVE	<input type="checkbox"/>	OTHER - PLEASE SPECIFY	<input type="checkbox"/>
TOXIC	<input type="checkbox"/>		<input type="checkbox"/>
IRRITANT	<input type="checkbox"/>		
CORROSIVE	<input type="checkbox"/>		

IS THE HAZARD BY: 'X'

SKIN CONTACT	<input type="checkbox"/>	INHALATION	<input type="checkbox"/>
INGESTION	<input type="checkbox"/>		

GIVE DETAILS OF "OCCUPATIONAL EXPOSURE LIMITS (OEL) or MAXIMUM EXPOSURE LIMITS (MEL)

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SPECIFY ANY SPECIAL HANDLING REQUIREMENTS:

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CONFIRMATION

Customer Signature:	
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Position:		Date:	
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