

# Form for return of devices and/or accessories to BANDELIN electronic GmbH & Co. KG

**!!!ATTENTION!!!**  
***This form must be completed and attached outside the packing!***

## Certification of Decontamination

This "Certification of Decontamination" serves the industrial safety and healthy preservation of our employees according to the German "infection law for the protection" and the accident prevention measures recommended by professional associations.

Before return, the unit and accessories for examination/repair must be cleaned according to the valid laws and regulations and have to be disinfected with a verifiably effective surface disinfectant.

We apologise for any inconvenience; for the fact that we cannot start any work unless this certificate complete filled in is available.

Type of unit: \_\_\_\_\_

Serial number: \_\_\_\_\_

Accessories: \_\_\_\_\_

Which liquids/substances the equipment/accessories came into contact with?

corrosive	<input type="checkbox"/>	biohazardous materials (e. g. microorganisms)	<input type="checkbox"/>
toxic	<input type="checkbox"/>	radioactive	<input type="checkbox"/>
no	<input type="checkbox"/>		

Information on cleaning/decontamination of the equipment and accessory parts:	
<input type="checkbox"/>	are not contaminated:
<input type="checkbox"/>	are cleaned before transport?
<input type="checkbox"/>	are free from harmful substances?
<input type="checkbox"/>	are decontaminated or disinfected and not dangerous to health?

**!!!ATTENTION!!!**  
***For product liability reasons devices older than 10 years CANNOT be accepted for repair!***

## Certification of Decontamination

### Obligatory explanation

I/we hereby certify that the equipment with accessories contained in this packing was cleaned and disinfected in accordance with the valid laws and regulations. Further more I/we certify that all information provided in this certificate is true and correct:

Company / Institute: \_\_\_\_\_

Street, Number: \_\_\_\_\_

Postcode, Country: \_\_\_\_\_

Department: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No, direct dialling: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### **Reason to return:**

Thank you, you're helping us improve our service.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Stamp \_\_\_\_\_

Please fold - front side reverse side