

# Declaration of Contamination



The repair of the instruments/parts will only be carried out, if a correctly declaration has been submitted. Non-completion will result in delay.

**FAX to NETZSCH-Gerätebau GmbH: (+49) 9287 881-505**

## Description of component:

TG	DSC	STA	DIL	TMA	DMA	LFA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnace	Balance	Crucibles	Complete instrument	Sample carrier	Pump/ Vacuum component	DEA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other components: \_\_\_\_\_

SerialNumber/CodeNumber: \_\_\_\_\_

Reason for return: \_\_\_\_\_

## Process related contamination:

toxic	no <input type="checkbox"/>	yes <input type="checkbox"/>	which substances: _____
corrosive	no <input type="checkbox"/>	yes <input type="checkbox"/>	which substances: _____
microbiological hazard	no <input type="checkbox"/>	yes <input type="checkbox"/>	which substances: _____
explosive	no <input type="checkbox"/>	yes <input type="checkbox"/>	which substances: _____
radioactive	no <input type="checkbox"/>	yes <input type="checkbox"/>	which substances: _____
other substances	no <input type="checkbox"/>	yes <input type="checkbox"/>	which substances: _____

However, all necessary precautions have been taken to ensure, that the health of the employees of Netzsch Geraetebau GmbH is endangered in no way during repair work and test measurements.

Type and scope of the safety precautions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Legally Binding Declaration:

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP, City: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (with company stamp)