

## 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	No	- 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. Legally Binding Declaration:

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: \_\_\_\_\_