

Declaration of Contamination HS2 for service**SECTION 1**

Model /

Product name: _____ Serial Number _____

*New device - Not used at all - go to section 4. Used or tested in process – go section 2.***SECTION 2**

Equipment has been used with:

- | | | | | |
|--------------------------------------|--------------------------|-----|--------------------------|----|
| ■ Radioactive substances | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| ■ Biological or infectious agents | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| ■ Hazardous to human Health & Safety | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

SECTION 3

List of substances in contact with the equipment

Substance Name	Chemical Symbol	Protection required (respirator mask, protective gloves, etc)	Action required after a spill, leak or exposure
1.			
2.			
3.			
4.			
5.			

Safety Data Sheets must be attached!

SECTION 4

Reason for service or symptoms of malfunction: _____

Sold by (company): _____

Date of last service: _____

Service company of last service: _____

SECTION 5

Organization: _____

Name: _____

Address: _____

Telephone No: _____

E-mail: _____

I declare that above information is correct

Date _____ Signed _____