

ENVIRONMENTAL HEALTH & SAFETY CLEARANCE FORM



GENESIS VACUUM TECHNOLOGIES
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P.O. #:

RMA #:

CALL SERVICE CENTER FOR RMA #

PLEASE FAX OR MAIL A COMPLETED COPY OF THIS FORM TO GENESIS SERVICE CENTER PRIOR TO SHIPPING EQUIPMENT

1.0 PRODUCT AND CUSTOMER IDENTIFICATION DATA

SITE NAME: _____ MODEL NO.: _____
 ADDRESS: _____ SERIAL NO.: _____
 _____ PART NO.: _____
 PHONE/FAX: _____ PROCESS TYPE: _____
 IS THIS EQUIPMENT USED OR CONTAMINATED? TOOL TYPE: _____
 IF YES, CHECK HERE GO TO SECTION 2.0 TOOL I.D.: _____
 IF NO, CHECK HERE GO TO SECTION 3.0 LENGTH OF SERVICE: _____

2.0 IDENTIFICATION AND LISTING OF ALL CONTAMINANTS (GASES, LIQUIDS, SOLIDS)

2.1 WAS THE EQUIPMENT USED WITH ANY OF THE FOLLOWING PROCESS MATERIALS?

- 2.1.1 RADIOACTIVE HAZARDS? YES NO IF YES, DO NOT DISPATCH. CONTACT SERVICE CENTER
 2.1.2 BIOLOGICAL HAZARDS? YES NO IF YES, DO NOT DISPATCH. CONTACT SERVICE CENTER
 2.1.3 TOXIC HYDRIDE MAT'LS? YES NO (E.G., ARSINE, PHOSPHINE)
 2.1.4 OTHER HAZARDOUS MAT'LS? YES NO (E.G., PROCESS GASES, BY-PRODUCTS, SOLIDS)

IF YES TO ANY QUESTIONS LISTED IN SECTION 2.1, GO TO SECTION 2.2; IF NO, GO TO SECTION 3.0

2.2 PLEASE LIST ALL SUBSTANCES OR BY-PRODUCTS WHICH MAY HAVE COME INTO CONTACT WITH THE EQUIPMENT:

CHEMICAL NAME	CHEMICAL SYMBOL	SPECIAL INSTRUCTIONS

ATTACHED ADDITIONAL FORMS AND/OR ADDITIONAL DOCUMENTATION? YES NO

3.0 REASON FOR RETURN OR SERVICING OF EQUIPMENT

3.1 BRIEFLY DESCRIBE ANY EQUIPMENT ANOMALIES: _____

3.2 IS THIS A WARRANTY OR SERVICE CONTRACT JOB? YES NO IF YES, ORDER OR CONTRACT #: _____

4.0 DECLARATION: I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION ON THIS FORM IS CORRECT.

NAME: _____ SIGNATURE DATE: _____
 SIGNATURE: _____
 JOB TITLE: _____ EST. SHIPPING DATE: _____
 COMPANY: _____
 PHONE/FAX #: _____ EST. DELIVERY DATE: _____