



SAMSON Regulation
After sales department
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FRANCE
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RMA (Return material authorization) n° _____
Non contamination declaration
Return for :
☐ Repair / ☐ Expertise / ☐ Credit note / ☐ Warrantie

To comply with legal obligations and to protect our staff and facilities, we need you to fill in and sign the Declaration on Contamination before we can start working on your order. Remember to include the declaration in the shipping documents or, ideally, attach it to the outside of the packaging.

Device data								
Designation :				Serial n° : Initial order n° :				
Article code/configuration ID :				Problem found :				
Properties of the substances (check as applicable)								
The devices that we returned for inspection or repair <input type="checkbox"/> got into contact with radioactive substances. <input type="checkbox"/> did not get into contact with hazardous substances. <input type="checkbox"/> got into contact with hazardous substances; those were:								
Designation of the substances	Flammable	Toxic	Corrosive	Explosive	Oxidizing	CMR*	Irritant	Dangerous for the environment
Substances that the devices got into contact with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substances that the devices were cleaned with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Carcinogenicity, mutagenicity, reproductive toxicity Include the material safety data sheets if the substances are rated according to the hazardous substances regulations.								
Protective measures								
Thoroughly drain the devices, disassemble them as far as possible, and clean them on the inside and outside before shipping. The following is to be observed for further handling of the devices: <input type="checkbox"/> No special safety precautions need to be taken <input type="checkbox"/> The following safety precautions need to be taken (check as applicable):								
Safety goggles	Safety gloves	Face shield	Protective clothing	Respiratory protection	<u>Additional information:</u>			
Asbestos								
Presence of asbestos as possible : <input type="checkbox"/> YES <input type="checkbox"/> NO								
Details on sender								
Company:			Name:					
Address:			Dept.:					
Zip code and town/city			Phone:			E-mail :		

We confirm that these specifications are correct and complete, and that the devices were not contaminated by asbestos.

 Date

 Company stamp and legally binding signature

 Name and phone no. of emergency contact