



Omega Engineering, Inc.
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Return Request–Safety Assurance Certificate

You have requested authorization to return and/or process the following:

Model Number: _____ **Serial Number:** _____ **Case Number:** _____

Authorized Return Number is required before return of any material
Prior to processing the material identified above, the following must be completed and signed by a knowledgeable and responsible member of your firm. Failure to fill out this form completely will greatly increase the time for your calibration or repair.

Please List All Non-Hazardous Materials That Have Come in Contact or Been Used with Unit Including Air and Water. _____

Has the unit ever come in contact with or been exposed to any hazardous materials, either externally or internally? YES NO

If YES, complete sections a, b, and c below (If NO, skip to Certification)

a) Completely identify all hazardous materials and check appropriate box(s). Must include MSDS.
 Use additional sheets as necessary.

Material: _____

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Poisonous Material | <input type="checkbox"/> Oxidizer | <input type="checkbox"/> Biological/Infectious Substances |
| <input type="checkbox"/> Corrosive Material | <input type="checkbox"/> Mercury | <input type="checkbox"/> Flammable/Combustible Material |
| <input type="checkbox"/> Radioactive Material | <input type="checkbox"/> Carcinogen | <input type="checkbox"/> Other _____ |

b) Has unit has been properly cleaned, treated or sterilized, and is safe for human handling? YES NO

c) Are additional safety precautions required? YES NO
 If YES, describe in detail: _____

CERTIFICATION

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED ABOVE IS TRUE AND ACCURATE, UNIT IDENTIFIED IS FREE FROM HARMFUL LEVELS OF RADIOACTIVITY AND BIO HAZARDS (INCLUDING PENICILLIN AND B-LACTAMS), UNIT HAS BEEN PROPERLY CLEANED, AND ALL MATERIAL BEING SENT IS SAFE FOR HUMAN HANDLING.

Signature: _____ Name: _____ Date: _____

Title: _____ Company: _____ Tel: _____