



DOMESTIC RMA FORM

ULVAC OFFICIAL USE ONLY

SHIP TO: ULVAC TECHNOLOGIES, INC. 401 GRIFFIN BROOK DRIVE METHUEN, MA 01844 TEL:978-686-7550 FAX:978-689-6300
CSR NAME: CONTACT DATE: SALES ORDER #: ACCOUNT #: PO #: PO DATE:
REASON FOR RETURN: REPAIR [] WARRANTY [] EVAL [] CREDIT REQUEST []
RMA #: ISSUE DATE: RMA # VALID FOR 30 DAYS
TECH SUPPORT: FINANCE: (CREDIT ONLY) OTHER (EXPLAIN):

CUSTOMER SUPPLIED INFORMATION - CERTIFICATE OF DECONTAMINATION

END USER COMPANY NAME: PHONE: FAX: END USER CONTACT NAME: E-MAIL: PART DESCRIPTION/NUMBER: SERIAL #: DESCRIPTION OF PROBLEM:

FEDERAL REGULATIONS PROHIBIT THE SHIPMENT OF CONTAMINATED MATERIAL THAT IS IMPROPERLY PACKAGED OR INCORRECTLY LABELED. ALL MATERIAL MUST BE CERTIFIED AS DECONTAMINATED PRIOR TO SHIPMENT. ULVAC TECHNOLOGIES RESERVES THE RIGHT TO REFUSE ANY SHIPMENT THAT IS NOT PROPERLY PACKAGED OR LABELED.

ULVAC RESERVES THE RIGHT TO REPACKAGE/RESKID ANY RMA MATERIAL THAT IS RECEIVED WITH INADEQUATE PACKING/SKID THAT MAY PREVENT ULVAC FROM RETURNING THE CUSTOMER'S MATERIAL, USING THE CUSTOMER'S PACKING/SKID, IN A SAFE AND UNDAMAGED CONDITION. ULVAC WILL BACK-CHARGE CUSTOMER FOR LABOR AND MATERIALS REQUIRED.

LIST ALL GASSES/CHEMICALS (COMMON NAMES/SPECIFIC CHEMICALS) THAT THE PRODUCT WAS EXPOSED TO DURING USE.

NAME OF GAS/CHEMICAL 1: 2: 3: N/A [] N [] T [] E [] P [] B [] R [] O []
N = NON-HAZARDOUS T - TOXIC E = EXPLOSIVE P = POTENTIALLY HAZARDOUS
B = BIOLOGICAL HAZARD R = RADIOACTIVE O = OTHER (EXPLAIN)
N/A = NOT APPLICABLE ie: ELECTRICAL/ELECTRONIC PARTS

HAS THE UNIT BEEN DISASSEMBLED FOR COMPLETE DECONTAMINATION? YES [] NO []
IF YES, DESCRIBE PROCESS THAT WAS USED AND ATTACH PROOF OF DECONTAMINATION.

NOTE: MSDS REQUIRED FOR ALL LISTED HAZARDS

ULVAC RESERVES THE RIGHT TO RETURN TO SENDER, AT SENDER'S EXPENSE, ANY PRODUCT THAT IS NOT REPAIRABLE, THAT IS BEYOND OUR CLEANING AND DECONTAMINATION CAPABILITIES, OR THAT DOES NOT HAVE THE CERTIFICATE OF DECONTAMINATION SECTION OF THIS RMA FORM FULLY COMPLETED.

MATERIAL MAY ONLY BE RETURNED TO ULVAC WITH A COMPLETED RMA FORM AND ASSIGNED RMA NUMBER. A COPY OF THIS FORM MUST BE USED AS A PACKING SLIP. THE RMA NUMBER MUST BE CLEARLY VISIBLE ON THE OUTSIDE OF THE SHIPPING CONTAINER. ANY SHIPMENTS WITHOUT A CLEARLY VISIBLE RMA NUMBER WILL BE REJECTED.

I AGREE THAT THE INFORMATION SUPPLIED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE. SAFETY OFFICER'S AUTHORIZATION REQUIRED IF PRODUCT HAS BEEN EXPOSED TO HAZARDOUS MATERIALS

CUSTOMER'S RMA DATA COMPLETED/APPROVED BY: DATE:

REQUIRED FIELDS