APPLIED VACUUM ENGINEERING

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HEALTH & SAFETY FORM – PUMPS

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH

IT IS A REQUIREMENT OF C.O.S.H.H. REGULATIONS THAT YOU IDENTIFY ANY HAZARDOUS MATERIALS THAT MAY BE CONTAINED IN ANY PRODUCT RETURNED TO US. PLEASE COMPLETE THE FOLLOWING TO ENABLE US TO COMMENCE WORK ON YOUR ORDER.

1.0 Company name and address.

2.0 Equipment being returned

2.0a Serial Number

N B. PUMPS MUST BE DRAINED OF FLUID AND SEALED

3.0 Has the item been exposed to substances hazardous to health? (Tick as appropriate)

YES ☐ If yes please complete 4.0 and 4.0a

NO ☐ If no please proceed to 5.0

4.0 Please list all substances to which the item has been exposed, with the common and chemical names.

4.0a Action to be taken in the event of spillage or human contact.

A……A……

B……B……

C……C……

D……D……

E……E……

5.0 I hereby confirm that the above information is true to the best of my knowledge.

Signed……..Name……..

Position……Date……..

For and on behalf of……..

Carrier to be used……
(a copy of this form must be handed to the carrier with the goods)