

Safe Material Handling Form

Requesting authorization to return and/or process the following equipment:

Prior to processing the equipment 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 RESULT IN SUBSTANTIAL DELAYS TO THE SERVICE OF YOUR EQUIPMENT OR THE IMMEDIATE RETURN OF THE EQUIPMENT.

Please list all non-hazardous materials that have come in contact with the equipment, including air and/or water:

Was the equipment ever exposed to, or did it contain at any time, toxic or hazardous or otherwise harmful substances? No Yes

If Yes, completely identify all substances:

Poisonous <input type="checkbox"/>	Radioactive <input type="checkbox"/>
Corrosive <input type="checkbox"/>	Biological/Infectious <input type="checkbox"/>
Mercury <input type="checkbox"/>	Flammable/Combustible <input type="checkbox"/>
Carcinogen <input type="checkbox"/>	Oxidizer <input type="checkbox"/>
Other <input type="checkbox"/>	

List all substances:

Attach a MSDS for each substance listed above. **THIS IS REQUIRED.**

Has the equipment been properly cleaned or treated so that it is now safe for human handling?

No Yes

Are there any additional precautions that should be taken to ensure the safety of all handlers?

No Yes

If yes, please describe necessary precautions in detail:

Responsible Party:

Name:	Title:	Company:
Signature:	Telephone:	Date: