

RA# _____

REQUEST FOR RA/HEALTH & SAFETY FORM

1. Kurt J. Lesker Company (KJLC) will issue to Customer a Return Goods Authorization number (RA#) for a product ***only if*** the Customer accurately completes and returns this Request to KJLC's Returns and Service Representative (Fax 416-588-2602) ***and*** KJLC approves this Request. For other product questions, please call 416-588-2610.
2. If KJLC approves this Request, KJLC will assign to Customer an RA#.
3. Customer must properly package and crate return goods to assure vacuum cleanliness and prevent shipping damage.
4. ***If Customer is requesting credit for return goods***, Customer must return the goods (a) in the condition originally received by Customer, (b) free from any damage, use or modification, (c) in the original packaging and (e) with all manuals and accessories provided by KJLC.
5. Goods returned (other than for repair) shall be subject to a restocking charge of twenty (20%) percent of the original sales price of the returned goods. Pumps returned for repair must have oil drained, inlet port sealed, and exhaust port sealed.
6. ***The return shipment documentation must include a copy of this completed Request. The package label must clearly show the RA#.*** Return all goods to: Kurt J. Lesker Company, Attn: RA#_____, Kurt J. Lesker Canada Inc. 1111 Flint Road Unit 4, Toronto, ON M3J 3C7

I. DESCRIPTION

Goods (Equipment) Type: _____

Quantity: _____ Model No.: _____ Serial No.: _____

Original Sales Order Number: _____ Original PO#: _____

II. REASON FOR RETURN (Be Specific and Attach Additional Sheets if Necessary):

III. CUSTOMER HEALTH AND SAFETY REPRESENTATIONS TO KJLC:

Have the return goods ever been exposed to, contained in, or been used with toxic, hazardous or dangerous chemicals and/or materials? Customer response: Yes No
Used in a Semiconductor Copper process? Yes No
Used in a Photovoltaic process? Yes No

If Customer response above is "Yes" to any of the above

A. Customer must indicate, by checking the appropriate box(es) below, whether such chemicals and/or materials were:

- | | |
|--|---|
| <input type="checkbox"/> Toxic Materials | <input type="checkbox"/> Radioactive Materials |
| <input type="checkbox"/> Corrosive Materials | <input type="checkbox"/> Biological/Infectious Substances |
| <input type="checkbox"/> Carcinogen | <input type="checkbox"/> Flammable/Combustible materials |
| <input type="checkbox"/> Oxidizer | <input type="checkbox"/> Other _____ |

B. Customer must provide (on additional attached sheets provided by Customer) complete details of such exposure.

C. Customer must (a) attach to this Request the MSDS for ***each*** such toxic, hazardous or dangerous chemical and/or material.

D. The return goods must be properly and completely cleaned, decontaminated and made safe to handle ***before*** they are returned to KJLC.

The undersigned Customer certifies to KJLC that (a) all information provided in or with this Request is true and complete and (b) all return goods have been properly and completely cleaned, decontaminated and made safe to handle.

KJLC relies on the accuracy and completeness of Customer's answers (indicated above, or attached to this Request) (a) to protect KJLC employees and to comply with applicable laws and (b) to determine whether to issue to Customer an RA# and/or to accept the return goods. The undersigned Customer hereby accepts full responsibility for, and agrees that Customer will indemnify, defend and hold harmless KJLC and its employees, agents and all other persons from and against, any harm, injury, loss or expense arising from or out of (i) the condition of the return goods or (ii) any inaccuracy, incompleteness or misrepresentation by Customer in this Request.

Name _____ Position _____

Signature _____ Date _____

Phone _____ Fax _____

Company _____

Kurt J. Lesker Company **APPROVES** _____ **DISAPPROVES** _____ the above Request for Return Goods Authorization Number.

BY _____ Date _____

Returns and Service Representative