

Date Issued \_\_\_\_\_

RA# \_\_\_\_\_

### VACUUM SERVICES REQUEST FOR RA/HEALTH & SAFETY FORM

1. Kurt J. Lesker Company (KJLC) will issue to Customer a Return Authorization number (RA#) for a product for repair or evaluation **only if** the Customer accurately completes and returns this Request along with a Purchase Order or Credit Card number for the quoted Standard Repair Service fee to a KJLC Sales Representative at [sales@lesker.com](mailto:sales@lesker.com) or (Fax 412-384-2745) **and** KJLC approves this Request. For pump repair questions, please contact Vacuum Services at 412-387-9012.
2. If KJLC approves this Request, KJLC will assign the Customer a Return Authorization (RA #) via email or phone.
3. Pumps returned for repair must have oil drained (if applicable) and inlet/exhaust ports sealed.
4. Customer must properly package and/or crate return goods to assure proper transit and prevent shipping damage.
5. All "abandoned & unresolved return items" will become property of KJLC after 90 days of original RA issuance date.
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# \_\_\_\_\_, 1515 Worthington Avenue, Clairton, PA 15025.

#### I. DESCRIPTION

Return Address: \_\_\_\_\_

Quantity: \_\_\_\_ Make/Model # : \_\_\_\_\_ Serial # : \_\_\_\_\_

Lubricant Used (if applicable): \_\_\_\_\_ Voltage \_\_\_\_\_ Repair 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?  Yes  No

Used in a Semiconductor Copper process?  Yes  No

Used in a Photovoltaic process?  Yes  No

If any response above is "Yes" continue with "A" if "No" continue to "E"

A. Customer must indicate, by checking the appropriate boxes 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.

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.

E. Name \_\_\_\_\_ Position \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Company \_\_\_\_\_ Email \_\_\_\_\_

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.

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

BY \_\_\_\_\_ Date \_\_\_\_\_  
Service Representative