



The DigiVac Company
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Morganville, NJ 07751

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Fax: 732-765-1800
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Decontamination Form

You have requested authorization to process or return the following:

Model #: _____ Serial #: _____

PO#: _____ Choose One: Calibration Repair

Before we can issue an agreement for return of the material identified above, the following must be filled out and signed by an informed and responsible member of your organization:

WAS THE PRODUCT EVER EXPOSED TO, OR DID IT EVER CONTAIN HAZARDOUS MATERIALS?
YES__ NO__

If yes, you must completely identify all materials, answer the following inquiries, and attach the appropriate MSDS forms:

- () Poisonous () Corrosive () Mercury () Radioactive () Oxidizer () Biological/ Infectious
() Flammable () Carcinogen () Acetonitrile () Trichloroethylene () Copper () Other _____

Describe the Material Type:

HAS THE PRODUCT BEEN PROPERLY CLEANED SO THAT IT IS SAFE FOR HUMAN HANDLING?
YES_____ NO_____

ARE THERE ANY ADDITIONAL PRECAUTIONS THAT NEED TO BE TAKEN? YES_____ NO_____

If yes, please describe in detail:

NAME: _____ COMPANY: _____

SIGNATURE: _____ TITLE: _____

DATE: _____ PHONE#: _____

The DigiVac Company relies on the accuracy of your responses to protect the safety of our employees. You must provide correct information. Please fax the complete form to (732)-765-1800 or email to orders@digivac.com