RECHNER SENSORS

Edition: May 2019

RETURNS DOCUMENT
DECONTAMINATION DECLARATION

To fulfil the legal regulations for the protection of the environment and our staff, we have to make sure that returned devices which had contact with liquids or bulk goods can be handled without danger.

The complaint / re-shipment can be operated quickly and without any further questions if the following points are fulfilled:

- You have got a returns permission number from RECHNER Sensors
- Every device must be delivered with a completed form,
- The device must be cleaned and delivered in a safety package, to avoid damages on the unit.
- If the device was in contact with a critical media, a safety data sheet of the media must be fixed on the cover of the package.

Art.-No.: Type: Qty:

ID-Nr.:

Invoice number: Delivery date:

Reason for Return / Failure Description:

- ☐ Device(s) should be tested and repaired if possible, at the customers expense
- ☐ Device(s) defect within guarantee period
- ☐ Sample(s) return
- ☐ Device(s) not older as 12 month
- ☐ No outer damages

Failure description:

Application description: (eventually application sketch on back-side or attached)

Decontamination Declaration:

Returns Perm. No..:

Please do no ship without the permission and returns number from RECHNER Sensors.

Sender: Your Reference:

Company.: Contact Person:

Street Phone No.:

ZIP, Location E-Mail:

- ☐ We confirm that there is no danger for the environment and for humans handling through the device(s).
- ☐ Device(s) has been cleaned ☐ No special safety measurements required
- ☐ Device(s) have not been used in health or environment danger media.
- ☐ Following safety measurements are required (safety data sheet is attached)*

* Possibly required safety measurements need to be clarified with RECHNER Sensors before the device(s) are returned. The safety data sheet must be sent to RECHNER Sensors to be checked.

- ☐ This data are valid for all returned devices. (If not, please fill-in a separate page for all products).

Place / Date | Name / Department | Signature

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