

# RMA return procedure / Decontamination

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## Sender

Company: \_\_\_\_\_

Contact person: \_\_\_\_\_

Street: \_\_\_\_\_

Post code / City: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

## Information about the goods to be returned

**Please do not write here**  
(Hengesbach-RMA-no.)  
\_\_\_\_\_

### ► Reason (please tick and/or write)

Repair cost estimate

Warranty case investigation

Specimen return

Other \_\_\_\_\_

### ► Article information\*

Article description \_\_\_\_\_

Article no. / Device type: \_\_\_\_\_

Serial no.: \_\_\_\_\_

Quantity: \_\_\_\_\_

Reference document no.: \_\_\_\_\_

**\* Devices and/or components will only be accepted if cleaned and accompanied with a decontamination declaration (see next page)!**

### ► Problem description

### ► Application

Pressure / Temperature: \_\_\_\_\_

Vibrations present: \_\_\_\_\_

Ambient conditions: \_\_\_\_\_

Utilization time: \_\_\_\_\_

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► **This document needs to be included if devices and/or components are returned to us!**

<b>Sender</b>	
Company:	_____
Contact person:	_____
Street:	_____
Post code / City:	_____
E-mail:	_____
Phone:	_____

Legal regulation requires us to protect our staff and company assets. This document is therefore essential to be able to start working on the returned goods.

**Please place this document on the outside of the packaging.**

## Details about the used process media and cleaning agents.

Please fill in and tick as appropriate.



	medium / concentration	toxic	corrosive	irritating	flammable	other*	harmless
process							
cleaning agent							
cleaning agent used before return							

\* E.g. explosive, oxidising, environmentally dangerous, radioactive, ...

We hereby certify to have fully completed this declaration truthful and to the best of our knowledge. The returned goods have been thoroughly cleaned. They are therefore free from any harmful residuals. The sender is responsible and fully liable for all damages that occur because of any undeclared contaminants.

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Division / Department

\_\_\_\_\_  
Signature