

Gardner Denver Schopfheim GmbH  
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Repairs and/or maintenance of vacuum pumps and components will only be carried out if a declaration has been filled in correctly and completely.  
If not, the repair work cannot be started and delays will result.  
This declaration must only be filled in and signed by authorised qualified staff.

<b>1. Type of vacuum pumps/ components</b>	<b>2. Reason for the submission</b>
Type description: _____ Machine number _____ Order number: _____ Delivery date: _____	_____ _____ _____

<b>3. Condition of vacuum pumps/ components</b>	<b>4. Contamination of the vacuum pumps/ components when in use</b>
Was this being operated? YES <input type="checkbox"/> NO <input type="checkbox"/> Which lubrication was used? _____	Toxic YES <input type="checkbox"/> NO <input type="checkbox"/> Corrosive YES <input type="checkbox"/> NO <input type="checkbox"/> Microbiological*) YES <input type="checkbox"/> NO <input type="checkbox"/> Explosive*) YES <input type="checkbox"/> NO <input type="checkbox"/> Radioactive*) YES <input type="checkbox"/> NO <input type="checkbox"/> other YES <input type="checkbox"/> NO <input type="checkbox"/>
Was the pump/ component emptied? (Product/Consumables) YES <input type="checkbox"/> NO <input type="checkbox"/> Has the pump/ component been cleaned and decontaminated? YES <input type="checkbox"/>	

Cleaning agent: \_\_\_\_\_  
Cleaning method: \_\_\_\_\_

\*) Microbiological, explosive or radioactively contaminated vacuum pumps/ components will only be accepted with proof that they have been cleaned properly.

Type of toxic substance or process-related, dangerous reaction products with which the vacuum pumps/ components came into contact:

Trade name, manufacturer's product name	Chemical name	Hazard class	Action to be taken if toxic substances are released	First aid in the event of accidents
1				
2				
3				
4				

Personal protection measures: \_\_\_\_\_

Hazardous decomposition products when subjected to thermal load YES  NO   
Which? \_\_\_\_\_

### 5. Legally binding declaration

We swear that the information in this declaration is accurate and complete and that I, the undersigned, am in a position to judge this. We are aware that we are liable to the contractor for damage caused by incomplete and inaccurate information. We undertake to release the contractor from any damage claims from third parties arising from incomplete or incorrect information. We are aware that, regardless of this declaration, we are directly liable to third parties including in particular the contractor's staff entrusted with handling or repairing the product.

Company: \_\_\_\_\_  
Street: \_\_\_\_\_ Post code/ Town: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Name (in capitals) \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Company stamp: \_\_\_\_\_

Legally binding signature: \_\_\_\_\_