Postal code, City

Date

BGB Analytik - Healt	h and Safety Decl	aration Form (HSD)	
Return Authorization Number:			
Dear Customer, When returning products to BGB A Complete and return this form to All returned products must be acc Remove all items that are not integral part of the product Drain the product of any fluids ar Include all inserts that you receiv After receiving an RMA number pages Analytik reserves the right to These requirements are necessary Thank you for your cooperation.	BGB Analytik for approval becompanied by a completed alegral part of the product. Bouct. and residues. You are responsed with the product, e.g. testolease send your product to reject any suspicious package.	pefore an RMA No. can be issue and signed HSD Form. GB Analytik will not be responsible ible for the decontamination protect the chromatograms or COAs for contamination protection.	d. ble for damaged or lost items that rior to shipping. columns, etc. site. boumentation.
Information about the produ	uct		
Part No.	Serial No.	Lot No.	
Quantity	Date of purchase	PO# 	
What substances has the product	been exposed to? Please pro	ovide scientific names and conc	entrations.
Were any of the compounds:			
Explosive	☐ Toxic	Flammable	Caustic or corrosive
☐ Carcinogenic	¶ Harmful	Hazardous to the environment	Radioactive
☐ Biohazardous (includi	ng exposure to blood or oth	er body fluids)	
☐ The product has not been used	1		
Please describe the decontaminat	ion procedure		
Contact information			
Company		Contact name	
Address		Contact phone	

Contact email

Signature