



Return of Equipment – Declaration (Form HS2)

Return Authorisation Number: _____

You must:

- Know about all of the substances which have been used in the equipment before you complete this Declaration
- Read the Return of Equipment – Procedure (HS1) before you complete this Declaration
- Contact Dovianus to obtain a Return Authorisation Number and to obtain advice if you have any questions
- Send this form to Dovianus before you return your equipment as per Procedure (HS1)

Section 1: Equipment

Type : _____ If applicable
 Tag Number : _____ Process : _____
 Has the equipment been used, tested or operated? Failure date : _____
 YES: Go to Section 2 PO/SO Number : _____
 NO: Go to Section 4

Section 2: Substances in contact with sampler

Are any substances used in the equipment:

- Hazardous to human health and safety?

YES

NO

Product Features

Toxic

Corrosive

Fire hazard

Other

Section 3: list of substances in contact with equipment

Substance name	Chemical symbol	Precautions required (like protective gloves, etc	Action required after leak or exposure

Section 4: Return Information

Reason for return and malfunction: _____

Section 5: Declaration

your name: _____ job title: _____

organisation: _____

address: _____

Telephone number: _____ Date of equipment delivery: _____

I have made reasonable enquiry and I have supplied accurate information in this Declaration.

I have not withheld any information, and I have followed the Return of Equipment – Procedure (HS1).

Signed : _____

Date : _____

Note: Please print out this form, sign it and return the signed form as hard copy