



## Decontamination Form

Use this form if you are requesting an XG-110 Portable Digital Vacuum Controller to be NIST recalibrated (with certificate). Please speak to your Ideal Vacuum representative for an RMA#. In order to process your request, this form must be completely filled out and included with your shipment. The controller, cable, and sensor must be included.

Part Number #: \_\_\_\_\_ Serial #: \_\_\_\_\_

RMA#: \_\_\_\_\_

Controller included:  Yes  No

Sensor cable included:  Yes  No

Sensor included:  Yes  No

Power supply included:  Yes  No

Before we can approve the product for recalibration, the following must be filled out and signed by an informed and responsible member of your organization. We reserve the right to return the product without recertification based on the answers to these questions.

Was the product ever exposed to, or did it ever contain hazardous materials?

Yes  No

If yes, you must completely identify all materials, answer the following inquiries, and attach the appropriate MSDS forms:

- Poisonous  Corrosive  Mercury  Radioactive  Oxidizer  Biological/ Infectious
- Flammable  Carcinogen  Acetonitrile  Trichloroethylene  Copper  Other \_\_\_\_\_

Describe the Material Type:

Has the product been properly cleaned so that it is safe for human handling?  YES  NO

Are there any additional precautions that need to be taken?  YES  NO

If yes, please describe in detail. Use additional pages if needed.

\_\_\_\_\_

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email : \_\_\_\_\_

**Ideal Vacuum relies on the accuracy of your responses to protect the safety of our employees. You must provide correct information. Please deliver this completed form along with your product to:**

**Ideal Vacuum, 5910 Midway Park Blvd, NE, Albuquerque, NM 87109**