



**Huntington®**  
**Mechanical Laboratories, Inc.**  
 1040 L'Avenida, Mountain View, CA 94043-1422  
 Web site: [www.huntvac.com](http://www.huntvac.com)

**PHONE:** (650) 964-3323  
 (800) 227-8059  
**Fax:** (650) 964-6153  
**E-mail:** [vacman@huntvac.com](mailto:vacman@huntvac.com)

Date: \_\_\_\_\_

**FAX MEMO**

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To: Huntington Mechanical Laboratories, Inc. -- Customer Service (650) 964-6153

From: \_\_\_\_\_

Included is the Health and Safety Form (Form H&S-1) that must be completed before Huntington Mechanical Laboratories, Inc. can authorize return of a product for any reason.

If a product has been in contact with hazardous materials it must be decontaminated and certified safe before it is returned. It must also be free from any visible residue.

Please fill in the information indicated in the boxes immediately below and explain in as much detail as possible the reason you are returning the product.

**Fax this sheet with your completed Health & Safety Form (Form H&S-1).** This information is necessary for us to complete the return authorization.

Original PO#	Serial No.	Huntington Part #	Description	Qty

**This product is being returned for the following reason(s):**

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When Huntington receives the above information with your completed Health and Safety Form (Form H&S-1) Huntington will fax you a Customer Return Request authorization number(CRR #).

Please read the return instructions carefully. It is most **important that you put the CRR # clearly on the outside of the return package.** If this number is not visible the package will not be received and it will be returned at your expense, unopened.



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**Customer Return Authorization Health and Safety Form**

This form must be completed by a person with knowledge of all types of processes to which the components has been exposed. Non-completion of this form will cause delays in the service of your component.

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

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

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

PO#: \_\_\_\_\_ SO #: \_\_\_\_\_ CRR#: \_\_\_\_\_

Model No. / Description \_\_\_\_\_

Serial No. \_\_\_\_\_

Has the equipment been used? : Yes \_\_\_\_\_ No: \_\_\_\_\_

**Does the process produce the following:**

Radioactive Hazard? Yes \_\_\_\_\_ No \_\_\_\_\_

Biological Hazard? Yes \_\_\_\_\_ No \_\_\_\_\_

Potentially Harmful Substance or Gases? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\* IF ALL ANSWERS ABOVE ARE "NO", SKIP THE NEXT SECTION THEN SIGN AND FAX FORM BACK \*\***

**LIST ALL SUBSTANCES, GASES OR BY-PRODUCTS WHICH HAVE COME IN CONTACT WITH THIS COMPONENT**

CHEMICAL/SUBSTANCE NAME	CHEMICAL SYMBOL	PRECAUTIONS ASSOCIATED WITH THE SUBSTANCE PERSONAL PROTECTION EQUIPMENT REQUIRED	ACTION IF SPILLAGE OR HUMAN CONTACT OCCURS

**I have made reasonable inquiry and I believe that the information on this form is accurate.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_