



Huntington
Mechanical Labs, Inc.

13355 Nevada City Ave. Grass Valley, CA. 95945

PHONE: 530-273-4135
TOLL FREE: 800-227-8059
FAX: 530-273-4165
EMAIL: vacman@huntvac.com
WEB: www.huntvac.com

RMA Policy

Please contact customer service if for any reason you need to return an item. Please call 800-227-8059 or email to: vacman@huntvac.com. Huntington Labs products are used in a wide variety of industrial processes so therefore we must require a "Health and Safety" form to be filled out and returned prior to being granted an RMA number.

A fillable form is attached that will allow for speedier service when requesting an RMA (Returned Material Authorization). You may print/fax this form to the fax number above or simply email back to Customer Service at: kh@huntvac.com.

Once you have returned the Health and Safety form you will be contacted by customer service with directions on returning the item(s). Please follow all **shipping, packaging and handling** instructions given by customer service to insure a safe delivery of the product(s). Products delivered damaged due to **improper packaging** and **handling** may have the **RMA** revoked. If this is the case your item(s) will be returned to you for final disposition.

Customer service will keep you informed of warranty status, quotes for repairs, estimated return date, etc. We strive to treat all returns with expediency and thorough inspections to achieve the least possible turnaround time. If at any time you have questions about your RMA please contact us at the toll-free number above.



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RETURN MATERIALS AUTHORIZATION

Date: _____

Customer: _____

Included with this RMA form is the Health and Safety Form (page 2) 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. Please email or fax this RMA/H&S form to us at the address or number listed above. This information is necessary for us to complete the return authorization.

QTY.	P/O #	S/O #	S/N #	P/N #	DESCRIPTION

Reason for Return: _____

Upon completion of this form (parts 1 and 2) Huntington will email or fax a Return Material Authorization (RMA#).

Please read the return instructions carefully. It is most **important that you put the RMA # 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.

Return address:

Returning for: Repair Replacement Credit* Other _____

*Subject to restocking fee, if applicable.



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OFFICE USE ONLY

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RMA#

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.

YES NO

Are the item(s) used? (Removed from service)

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, was the exposure a:

Radioactive Hazard?

<input type="checkbox"/>	<input type="checkbox"/>
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Biological Hazard?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Potentially Harmful Substance or Gases?

<input type="checkbox"/>	<input type="checkbox"/>
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****IF ALL ANSWERS ABOVE ARE "NO", SKIP TO NEXT SECTION, SIGN AND RETURN BY EMAIL OR FAX****

LIST ALL SUBSTANCES, GASES OR BY-PRODUCTS WHICH HAVE COME IN CONTACT WITH THE FOLLOWING COMPONENT(S)

CHEMICAL/SUBSTANCE	SYMBOL	PRECAUTIONS TO BE TAKEN (PPE REQ.?)	ACTION IF SPILLAGE OR HUMAN CONTACT OCCURS	SER. NO.(S) AFFECTED

I have made reasonable inquiry and I believe the information contained herein is accurate to the best of my ability.

Signed: _____

Date: _____

Print Name: _____

Title: _____