

Equipment Decommissioning, Decontamination, Declaration Form

Form Date

RMA #

1. Generator Information

Equipment Owner Company Name

Equipment Owner Contact Name

Phone Number

Originating Site Address

Originating Site Country

2. Equipment Information

Manufacturer

Part Name

Part Number

Part Description

Serial Number

3. Contamination Information

Check and list details for all categories of contamination the unit has been exposed to

- Copper
- Solvents
- Lead
- Ethylene Glycol/ Coolant
- Slurry

Corrosive, please list	<input type="text"/>
Metals, please list	<input type="text"/>
Inert Gases, please list	<input type="text"/>
Toxic Gases, please list	<input type="text"/>
Pyrophorics, please list	<input type="text"/>
Water, please list specifics	<input type="text"/>
Inert Gases, please list	<input type="text"/>
Other, please list	<input type="text"/>



Please use one form per piece of equipment

Please fill out and place with the unit you are returning

4. Decontamination

Has this unit been properly decontaminated?

Yes

Who decontaminated the unit?

Name

Company

Individual

Attach a copy of the decontamination report

Phone number

No, please explain why:

Complete the below decontamination checklist by selecting Yes, No, or NA

Surfaces exposed to corrosives have pH test between 5-9

Surfaces exposed to fluoride have tested negative for HF residue

Note: HF is very hazardous. Nothing with HF should be sent to AE or touched by AE personnel.

All chemical residue, debris, and wafer chips have been removed

All free flowing liquids have been removed and lines blown out with air

Gas systems are purged with system software routine under vacuum or vented

Leak up rates performed on all sticks in gas panel (toxic and non-toxic)

All ports and openings have been sealed with a cap or plug?

Chemical labels are removed when no longer needed

Item is packaged to minimize exposure to any residual contaminant

Wipe sampling results are equal to or less than local regulatory standards

List potential residual liquid, solid, or gaseous materials that may be present

	Chemical	Physical State	Location
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

List wipe sampling results and include any sampling reports

	Chemical	Wipe Sampling Results	Location
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Provide comments for the next person handling the unit

5. Declaration

Is this unit being shipped as Dangerous Goods?

Yes, DG classification number and UN number:

No

6. Signatures

Originators

	Name	Signature	Date	Phone
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Originating EHS

	Name	Signature	Date	Phone
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>