



# RETURN ACCEPTANCE POLICY

FR-040  
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DCN #611  
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*Please fill out the following form requesting information regarding the assembly purge status. We need to be aware of any gas or liquid used in the product. Failure to complete form will cause delay in the process of your RMA or Sales Order authorization.*

## ALL Returned Equipment Must be Bagged and Capped

Company Name	
Contact Person	
Phone Number	
Email Address	

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- a) Original Purchase Order: \_\_\_\_\_
- b) Part Number/Description: \_\_\_\_\_ Qty: \_\_\_\_\_
- c) Reason For Return: \_\_\_\_\_
- d) Description of Problem: \_\_\_\_\_
- e) Time in service: \_\_\_\_\_

**\*IF WETTED COMPONENTS, PLEASE FILL OUT THE FOLLOWING:**

- f) Are all components removed: Yes  No
- g) Has the equipment been purged: Yes  No
- h) What gas was used to purge: \_\_\_\_\_
- i) List all gases and chemicals in contact with equipment:
  - i) Inert: \_\_\_\_\_
  - ii) Corrosive: \_\_\_\_\_
  - iii) Flammable: \_\_\_\_\_
  - iv) Toxic: \_\_\_\_\_
  - v) Other: \_\_\_\_\_

Please provide any other details that may be helpful: \_\_\_\_\_  
\_\_\_\_\_

<i>Internal Use Only:</i>	
RMA# _____	Sales Order# _____