

# Declaration concerning contamination of shut-off devices and components

Repair and/or maintenance of shut-off devices and components will only be executed if a correct and **completely filled-out declaration** is present and **the device** has been partially dismantled and completely cleaned. Complete cleaning includes both the **exterior as well as the interior of the goods**.  
If this is not the case the shipment will be rejected.

## 1. Type of shut-off devices and components

-Type designation: \_\_\_\_\_ -Commission number: \_\_\_\_\_

-Article number: \_\_\_\_\_ -Delivery date: \_\_\_\_\_

-Other identifying characteristics: \_\_\_\_\_

## 2. Status of the shut-off devices and components

- Reason for the return:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-Were the shut-off devices and components in operation?  
Yes  No

-Are the shut-off devices and components free of harmful pollutants?  
Yes  No

## 3. Use-related contamination of the shut-off devices and components

- Toxic	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Corrosive	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Microbiological *)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Explosive *)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Radioactive **)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Other pollutants		

What type of operation?:

\*) Shut-off devices and components with microbiological and explosive contamination will only be accepted with verification of cleaning in compliance with regulations!  
\*\*) Shut-off devices and components with radioactive contamination will categorically **not** be accepted!

## 3. Type of pollutants or process-related, dangerous reaction points with which the shut-off devices and components have come in contact:

Trade name Product name Manufacturer	Chemical designation (If possible formula and hazard class	Protective measures for direct	Measures for	first aid
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

## 5. Legally-binding declaration

I/we herewith assure that the information in this form is correct and complete.

Company/institute: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code, city: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name (in block letters): \_\_\_\_\_

Position: \_\_\_\_\_

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

Legally binding signature: \_\_\_\_\_