



**HITEK POWER  
RETURN MATERIALS STATUS REPORT**

CUSTOMER NAME:	ADDRESS:	
CONTACT NAME:	PHONE NUMBER:	
EMAIL:	RMA:	DATE:
PART NUMBER:	SERIAL NUMBER:	
NUMBER OF ADDITIONAL SHEETS:		

The following information is required for all returned materials, systems and units in order to facilitate the implementation of safe working procedures within our service and repair departments.

Please obtain a "Return Materials Authorisation" (RMA) prior to sending units to our service function.

Contact our service function who will issue you with an RMA number and advise shipping instructions. Please ensure adequate care is taken with packing and arrange insurance cover against transit damage or loss. (Please see repair section of handbook).

Please complete the following details. If you answer YES to any of the questions please contact our service function prior to returning the materials. Additional details may be given on a separate sheet marked with the RMA number.

If equipment is returned to our service department without adequate information it will be held in quarantine or may be returned to you at your cost.

<p>Have you always been in control of the workplace or premises in which the device has been used?</p>	<p>YES      NO  <input type="checkbox"/>      <input type="checkbox"/></p>
<p>If 'NO' - Where else has the item been sited?</p> <p>Address(s) _____          _____          _____</p> <p>Tel No. _____          _____</p>	
<p>Has the device been in any atmosphere or environment that <b>may</b> have been contaminated with the following agents?</p>	
<p><u>Biological or Bacteriological</u>          Including medical or surgical areas.          Laboratories.          Clinics (including X-ray areas).          Pathology areas and other research units incorporating pathology or microbiological pathogens.          Areas that may have been near to extraction filter outlets.</p>	<p>YES      NO  <input type="checkbox"/>      <input type="checkbox"/></p> <p>If 'YES' give details below</p>
<p><u>Chemical</u>          The manufacturer of Silica (of any type) or use of operation of any process involving such agents as Asbestos™ or other crystalline. hazards. Chemicals such as metals e.g. Mercury.          Other hazardous chemicals that may be used, such as Chemical Compounds used in production process within your company.</p>	<p>YES      NO  <input type="checkbox"/>      <input type="checkbox"/></p> <p>If 'YES' give details below</p>
<p><u>Physical</u>          Any local environment involving areas involving petroleum industry based substances or oils or other Organic-based chemicals that may have entered the interior of the device.          Ionising Radiation or nuclear industry environment.          Hazardous dusts.</p>	<p>YES      NO  <input type="checkbox"/>      <input type="checkbox"/></p> <p>If 'YES' give details below</p>
<p>Any other exposure to a substance that may be hazardous to health?</p>	<p>YES      NO  <input type="checkbox"/>      <input type="checkbox"/></p> <p>If 'YES' give details below</p>

Signed: ..... Date:..... Position: .....