



## Hazardous Material Declaration - Health & Safety Assessment Report

Conax Technologies is committed to the protection of the health and safety of our personnel and of the environment. To better protect our employees and to comply with Federal OSHA Safety Standard 1910-1200, Hazard Communications "Right to Know", Conax Technologies requires this form to be completed to preclude potential health risks to personnel that can occur when receiving, disassembling, or servicing potentially contaminated equipment.

### To Be Filled Out By Conax Technologies

Company Name		Conax Contact	
Date		Conax Email:	

### To Be Filled Out By Customer

RMA# (assigned by Conax)		Contact Name	
After approval of this form		Email or Phone #:	

#### Section 1: Was the product exposed to any hazardous materials?

<input type="checkbox"/> <b>The product was exposed to a hazardous material.</b> Continue to Section 2.	<input type="checkbox"/> <b>Equipment was used in an environment free from Health and Safety Concerns or is being returned unused.</b> Sign and Return this form to your Conax.
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#### Section 2: Decontamination

<input type="checkbox"/> <b>THE PRODUCT IS STILL CONTAMINATED.</b> Complete Section 3 and sign document below. Send this form to Conax along with the MSDS information before sending product back. Prior written approval is required.	<input type="checkbox"/> <b>Decontamination was required and completed. Or upon being removed from the process the unit is no longer considered contaminated.</b> Complete Sections 3 & 4 and sign document below and return this form to Conax
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#### Section 3: List all hazardous materials that have been in contact with the product that represent a potential health or safety threat. If the product is still contaminated include an MSDS with the shipment for all materials listed.

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#### Section 4: If the product was decontaminated or is no longer hazardous once removed from the process please describe process that leads to this condition. Provide any specifications if applicable.

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I hereby declare that the above information is complete and accurate and that I am fully authorized by the company listed above to make such a declaration.

\_\_\_\_\_  
Authorized Signature (Name and Title)

\_\_\_\_\_  
Date

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### Section 6: (For Conax Technologies Use Only)

#### Conax Safety Review

☐  
**Material Approved for Return**

☐  
**Material Not Approved for Return or More Information Needed**

#### Conax Technologies Labeling Requirements:

All Product Must be Labeled at Time of Receipt With The Following Symbols and Markings as noted on the below sheet.



Health Hazard



Skull & Crossbones



Corrosion



Environment



Exclamation Mark



Flame



Exploding Bomb



Flame Over Circle



Gas Cylinder

#### Comments/Notes

\_\_\_\_\_  
Plant Safety Officer or Director

\_\_\_\_\_  
Date