

# Roboz Surgical Instrument Co., Inc.

630 E. Diamond Ave., Suite I, Gaithersburg, MD 20877 USA

Phone: 301-590-0055 Fax: 888-424-3121

Customer Service: 800-424-2984

www.robоз.com

## Declaration of Contamination Status for a Return Item

### Customer Details

(Completed forms can be returned with item or faxed in advance to 888-424-3121.)

Organization:	<input type="text"/>	Contact Name:	<input type="text"/>
Address:	<input type="text"/>		
Phone Number:	<input type="text"/>	PO/RMA Number:	<input type="text"/>

### Item Details

(Complete one form per item.)

Item Number:	<input type="text"/>	Serial Number (if applicable):	<input type="text"/>
Reason for Return:	<input type="text"/>		

Federal Law prohibits the transfer of items that are contaminated with a radiological, biological or chemical waste.

**Due to Health & Safety requirements, all items returned for repair or inspection must be free of RADIOACTIVE, TOXIC or BIOHAZARD contamination. Completion of the certification below is required by a duly authorized representative of your company to confirm that the item listed on this form presents no hazard or risk of exposure to hazardous materials. Failure to comply with this certification will result in Roboz returning the item back to your company, and may delay any refunds or exchanges.**

Check all that apply:

- This item has not been used.
- I do not know if this item is contaminated.  
(Contaminated items should not be returned without prior approval from Roboz.)
- This item has not been exposed to any radioactive, toxic, or biohazard materials.
- This item was decontaminated externally and internally from any biohazard materials with :
- Autoclave       10 % Bleach       Ethylene Oxide
- Other (Specify):
- This item was verified free of radioactivity with:
- Wipe Test on all exterior and exposed interior surfaces of the equipment       Geiger counter
- Other (Specify):

We thank you for your cooperation.

The signature below attests to the certifications listed herewith are true and correct as of the date of execution by a duly authorized representative of your company.

Signature:	<input type="text"/>	Title:	<input type="text"/>
Printed Name:	<input type="text"/>	Date:	<input type="text"/>