



**DECONTAMINATION DECLARATION**

*The KNF Return Materials Authorization (RMA) number  
will be issued once this form has been completed and returned to KNF*

**KNF Model to be returned** (if more than one product model is to be returned, please copy this form and submit a completed form for each model. A separate RMA Number will be issued for each Model): \_\_\_\_\_

**Quantity / Serial Number(s) to be returned:** \_\_\_\_\_

**Invoice(s) Numbers (if known):** \_\_\_\_\_

**Reason for return (please describe in detail):** \_\_\_\_\_

**Contact person for repair approval:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Fax number:** \_\_\_\_\_

**Pumped media:** \_\_\_\_\_

**Please check one:**

This piece of equipment has been decontaminated. It is free from chemical, biological, or radioactive contamination and is safe to handle without special precautions, in compliance with OSHA Hazard Communication Standard (HCS) Subpart Z, Toxic and Hazardous Substances, 29 CFR 1910.1200, of 03/11/2004.

This piece of equipment has not been decontaminated. It is free from biological or radioactive contamination, but has been exposed to chemicals and requires special handling precautions. The chemicals used are indicated below, and a copy of the respective chemical MSDS sheet/s are attached (OSHA HCS, 29 CFR 1910.1200, of 3/11/2004)

This piece of equipment has not been decontaminated and is safe to handle without special precautions. The basis of this statement must be indicated below:

I understand that if the equipment is found to be contaminated, regardless of the signature on this document, the equipment will be returned for appropriate decontamination.

**Company Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

**Authorized Signature of User:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Fax back to (609) 890-8323 - Attn:**