

**Failure Description and Declaration of Contamination**

Please send by email: info@mbe-components.com or fax: +49 7033 6937290

Repair and/or service of vacuum components/equipment shall only be carried out after carefully completing this declaration. The manufacturer reserves the right to refuse acceptance of consignments submitted for repair or maintenance if the declaration is missing.

**This declaration may only be completed and signed by authorized and qualified staff.**

<p><b>1. Description of components:</b> Type and serial no. are usually engraved on the component.</p> <p>Product: .....</p> <p>Type: .....</p> <p>Serial no.: .....</p> <p>Delivery date: * .....</p> <p>* please provide an estimation if unknown</p> <p>RMA no.: .....</p>	<p><b>2. Description of application:</b> Please explain environment of the application.</p> <p>Has the equipment been used: Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>Type of system: .....</p> <p>Application (GaAs MBE, II/VI MBE, etc.): .....</p> <p>.....</p> <p>.....</p> <p>How long was the component in operation: .....</p>																																			
<p><b>3. Description of failure</b> Please describe the kind of damage and explain the cause of the malfunction and/or defect.</p>    																																				
<p><b>4. Process related contaminations</b> Has the equipment ever come into contact with any of the following substances? (E.g. gases, liquids, evaporation products or by-products, sputtering products....)</p> <p>Please tick appropriate checkboxes</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">▪ toxic substances</td> <td style="width: 10%;">Yes <input type="checkbox"/></td> <td style="width: 10%;"></td> <td style="width: 10%;">No <input type="checkbox"/></td> <td style="width: 10%;"></td> </tr> <tr> <td>▪ corrosive substances</td> <td>Yes <input type="checkbox"/></td> <td></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td>▪ explosive substances</td> <td>Yes <input type="checkbox"/></td> <td></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td>▪ microbiological substances</td> <td>Yes <input type="checkbox"/></td> <td></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td>▪ radioactive substances</td> <td>Yes <input type="checkbox"/></td> <td></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td>▪ ionizing particles (<math>\alpha, \beta, \gamma</math>)</td> <td>Yes <input type="checkbox"/></td> <td></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td>▪ other harmful substances</td> <td>Yes <input type="checkbox"/></td> <td></td> <td>No <input type="checkbox"/></td> <td></td> </tr> </table> <p>If any answer is Yes, please specify and describe the substance and the amount of exposure:</p>		▪ toxic substances	Yes <input type="checkbox"/>		No <input type="checkbox"/>		▪ corrosive substances	Yes <input type="checkbox"/>		No <input type="checkbox"/>		▪ explosive substances	Yes <input type="checkbox"/>		No <input type="checkbox"/>		▪ microbiological substances	Yes <input type="checkbox"/>		No <input type="checkbox"/>		▪ radioactive substances	Yes <input type="checkbox"/>		No <input type="checkbox"/>		▪ ionizing particles ( $\alpha, \beta, \gamma$ )	Yes <input type="checkbox"/>		No <input type="checkbox"/>		▪ other harmful substances	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
▪ toxic substances	Yes <input type="checkbox"/>		No <input type="checkbox"/>																																	
▪ corrosive substances	Yes <input type="checkbox"/>		No <input type="checkbox"/>																																	
▪ explosive substances	Yes <input type="checkbox"/>		No <input type="checkbox"/>																																	
▪ microbiological substances	Yes <input type="checkbox"/>		No <input type="checkbox"/>																																	
▪ radioactive substances	Yes <input type="checkbox"/>		No <input type="checkbox"/>																																	
▪ ionizing particles ( $\alpha, \beta, \gamma$ )	Yes <input type="checkbox"/>		No <input type="checkbox"/>																																	
▪ other harmful substances	Yes <input type="checkbox"/>		No <input type="checkbox"/>																																	

### Failure Description and Declaration of Contamination

Please send by email: info@mbe-components.com or fax: +49 7033 6937290

**For all harmful substances, gases and dangerous by-products which have come into contact with the vacuum component please list the following information on a separate page.**

- Trade-name, product name, manufacturer of substance
- Chemical name and symbol
- Danger class
- Precautions associated with substance
- First-aid measure to be taken in case of an accident
- If equipment has been decontaminated, include description of decontamination procedure for each substance.

**Dr. Eberl MBE-Komponenten GmbH will refuse to receive any equipment, which has been radioactively, explosively or microbiologically contaminated, without written evidence that such equipment has been decontaminated in the prescribed manner.**

Finally please declare the contamination status of the equipment in the state that it has upon arrival at Dr. Eberl MBE-Komponenten GmbH.

**Is the equipment free from potentially harmful substances**    Yes       No  

### 5. Legally binding declaration

I hereby declare that the information supplied on this form is complete and accurate. The dispatch of equipment will be in accordance with the appropriate regulations covering packaging, transportation and labeling of dangerous substances.

Name: .....

Job title: .....

Organization: .....

Address: .....

Phone: .....

Fax: .....

Email: .....

Date: .....

Legally binding signature:

Company stamp:

\_\_\_\_\_