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| FORM 001 - CUSTOMER DECLARATION |

***Please complete all sections of this form clearly in black ink (indicate N/A if not applicable)***

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| **TO** | **Customer Service Department – Smiths Detection****ukservicerma@smithsdetection.com**Tel: +44 (0) 1923 658 000Fax: +44 (0) 1923 240 285 |
| **FROM** | **Company** |  | **Contact Name** |  |
|  | **Address** |  | **Position / Rank** |  |
|  | **Country** |  | **Email** |  |
|  | **Tel No** |  | **Fax No** |  |

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| **Equipment Name** |  | **RMA Number** |
| **Equipment Colour** |  |
| **Serial Number(s)***Continue on page 3 if necessary* |  |
| **Previous Contract /** **Order Reference** |  |
| **Reason for Return** |  |

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| *Answer* ***Yes*** *to only one statement,* ***No*** *for the other three.* |
| **Equipment supplied under this contract / order** | **Response****(Yes or No)** | **Initials** |
| 1. Is in original, **unopened** packaging as supplied by Smiths.
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| 1. Has been opened, but **HAS NOT** been exposed to a Chemical, Radiological, Biological and/or Explosive contaminant/hazard.
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| 1. **MAY** have been exposed to a Chemical, Radiological, Biological and/or Explosive contaminant/hazard.
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| 1. **HAS** been exposed to a Chemical, Radiological, Biological and/or Explosive contaminant/hazard.
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| *If completing manually put a X in confirmed response box. For electronic entries - double click on a shaded box and select "Checked" to indicate a confirmed response, otherwise leave unchecked* |
| **Details of Hazards as per EC Directive 1999/45/EC (if known) and/or details of decontamination processes** |
| **What was the unit exposed to?** |
| [ ]  Biological | [ ]  Chemical | [ ]  Explosives | [ ]  Radiological | [ ]  Unknown |
| **Please provide details:** |  |
| **When was the unit exposed?** | [ ]  0 – 3 months ago | [ ]  6 – 12 months ago |
| [ ]  3 – 6 months ago | [ ]  Over 12 months ago |
| **Was the unit switched on at the time of exposure?** | [ ]  Yes | [ ]  No |
| **Has the unit been decontaminated?** | [ ]  Yes | [ ]  No |
| **How was the unit decontaminated? (Please attach additional details if required)** |
| **Details:** |

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| **Have consumables (e.g., batteries, sieve pack, etc.) been removed and disposed of (if applicable)?** | [ ]  Yes | [ ]  No |
| **Any other details:** |

**HAZARD STATEMENT**

**Information to be supplied by authorised person and returned to Smiths Detection prior to returning the equipment.**

The sender is responsible for ensuring that the product is returned to Smiths Detection free of hazardous materials (biological, radiological, Chemical Warfare Agent, explosives), or any materials defined as hazardous by CoSHH (UK) / EC Directive 1999/45/EC to which the product may have been exposed. Failure to ensure that the product is returned free of hazardous material to which the product has been exposed can lead to serious harm or injury of those handling the product.

The sender agrees to defend, indemnify and hold Smiths Detection, its affiliates and its and their respective officers, partners, directors, employees, agents, successors, and assigns (hereafter, Smiths) harmless from all liability, losses, expenses (including but not limited to attorneys’, consultants’ and experts’ fees), claims, causes of action, suits and damages of any kind (hereafter, Losses) arising out of or in connection with the exposure of the product to hazardous materials, regardless of whether or not: (i) the exposure to hazardous materials was caused by or within the control of the customer; (ii) Smiths was aware of such exposure; and (iii) any negligence or other fault of Smiths contributed to, or is alleged to have contributed to, the Loss, except and only to the extent such Loss was adjudicated to be caused by the wilful misconduct or gross negligence of Smiths.

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| **Failure to complete the above may lead to the unit not being accepted for repair.****Upon acceptance of this declaration, an RMA number and Shipping instructions will be issued.****On issue of the RMA, a copy of this form must be attached to the outside of the packaging.****Equipment returned without this information may be subject to destruction at customer cost.** |

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| **Completed By** |
| **Name:** | **Signature:** | **Position / Rank:** | **Date:** |

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| **This section to be completed by Smiths Detection** |
| **SMS Assessment Required?** | Yes [ ]  Complete Part 2 | No [ ]  Customer Service to Sign below |
| **Signature\*** | *\*****Customer Services*** *to sign below if customer signature is not shown above but sufficient other customer identification sources exist to enable acceptance of this document in the absence of a valid customer signature and when return is approved.*  |
| **Name:** | **Signature:** | **Date:** |
| **Customer Services Approve Return To:** (delete / comment as appropriate) |
| [ ]  Workshop | [ ]  Production | [ ]  Other:  |
| **Comments:** |

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| **Equipment Serial Numbers for Bulk Shipments**  |
| **Serial Number** | **RMA** | **Reason for Return** |
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| **This section to be completed by Smiths Detection** |
| **Customer Service to sign below to approve return.** |
| **Name:** | **Signature:** | **Date:** |