



Huntington®

Mechanical Laboratories, Inc.

13355 Nevada City Avenue, Grass Valley, CA 95945

Web site: www.huntvac.com

PHONE: (530) 273-4135

(800) 227-8059

Fax: (530) 273-4165

E-mail: vacman@huntvac.com

Date: _____

FAX MEMO

Page 1 of 2

To: Huntington Mechanical Laboratories, Inc. Customer Service Fax (530) 273-4165.

From: _____

Included is the Health and Safety Form (HS1 Form) that must be completed before Huntington Mechanical Laboratories, Inc. can authorize return of a product for any reason. If a product has been in contact with hazardous materials it must be decontaminated and certified safe before it is returned. It must also be free from any visible residue.

Please fill in the information indicated in the boxes immediately below and explain in as much detail as possible the reason you are returning the product.

Fax this sheet with your completed Health & Safety Form (HS1 Form). This information is necessary for us to complete the return authorization.

Original PO#	Original SO#	Serial No.	Huntington Part #	Description	Qty

This product is being returned for the following reason(s):

When Huntington receives the above information with your completed Health and Safety Form (HS1 Form) Huntington will email or fax you a Return Merchandise Authorization number (RMA#).

Please read the return instructions carefully. It is most **important that you put the RMA # clearly on the outside of the return package.** If this number is not visible the package will not be received and it will be returned at your expense, unopened.

Address to return to: _____
State: _____ Zip: _____

Returning for: Repair Replacement Credit* Other _____

*Subject to restocking fee.



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Customer Return Authorization Health and Safety Form (Office Use Only: RMA# _____)

This form must be completed by a person with knowledge of all types of processes to which the components has been exposed. Non-completion of this form will cause delays in the service of your component.

Company: _____ Date: _____

Contact: _____ Email: _____

Phone: _____ Fax: _____

PO#: _____ Sales Order (aka SO) #: _____

Model No. / Description _____

Serial No. _____

Has the equipment been used? : Yes _____ No: _____

Does the process produce the following:

Radioactive Hazard? Yes _____ No _____

Biological Hazard? Yes _____ No _____

Potentially Harmful Substance or Gases? Yes _____ No _____

**** IF ALL ANSWERS ABOVE ARE "NO", SKIP THE NEXT SECTION THEN SIGN AND FAX FORM BACK ****

LIST ALL SUBSTANCES, GASES OR BY-PRODUCTS WHICH HAVE COME IN CONTACT WITH THIS COMPONENT

CHEMICAL/SUBSTANCE NAME	CHEMICAL SYMBOL	PRECAUTIONS ASSOCIATED WITH THE SUBSTANCE PERSONAL PROTECTION EQUIPMENT REQUIRED	ACTION IF SPILLAGE OR HUMAN CONTACT OCCURS

I have made reasonable inquiry and I believe that the information on this form is accurate.

Signed _____ Date _____

Print Name _____ Title _____