

Safety and instrument return information

Address: _____ Shipping address: _____
Company: _____
Contact person: _____
Department: _____
Street: _____ Billing address: _____
ZIP code, City: _____
Phone: _____
E-Mail: _____

Your reference: _____
Instrument type: _____ Serial number: _____

- ☐ Repair ☐ Estimate costs ☐ Permanent return to VEGA
☐ Modification ☐ Check warranty claim

Description of the measured substance: _____ (please fill out)

Dangerous medium: ☐ Yes (please include your specific MSDS if the substance is dangerous)
☐ No

Process temperature: _____ Process pressure: _____

Fault description: _____

Date: _____ Signature: _____