

Instrument Return – Safety Sheet

Please enclose with instrument when returning to VEGA Controls Limited

Address: Company: Contact Person: Street: City: Postcode: Telephone: Fax: Email:				Shipping Address: If different from main address Billing Address: If different from main address				
You	Order Number:							
Rea	son for Return:							
	Repair Modification Permanent retur	n to V		Repair – estimate of Check	costs			arranty claim ation before repair
Instrument Description								
Instrument Type:			Serial Number:					
Fault	: Description:							
IMPORTANT MANDATORY INFORMATION:								
Medium: name of the medium which the instrument came into contact and short description of properties								
Dang	gerous medium:		No	□ Yes,	safety da	ta she	et enclos	ed
Medi	um properties:		Liquid	□ Bulk	Solids			Gas
Was the sensor cleaned / decontaminated?								
	Yes		No	Cleaning A	gent:			
Amb	ient Conditions:							
Description of operating conditions:								
Medium Temperature:			Pressure:	CI	leanin	g Process	S:	
Date	:	Na	me:		Jo	ob Tit	le:	

