

Equipment Decommissioning, Decontamination, Declaration Form

Form Date

RMA #

1. Generator Information

Equipment Owner Company Name

Equipment Owner Contact Name

Phone Number

Originating Site Address

Originating Site Country

2. Equipment Information

Manufacturer

Part Name

Part Number

Part Description

Serial Number

3. Contamination Information

Check and list details for all categories of contamination the unit has been exposed to

Copper

Solvents

Lead

Ethylene Glycol/ Coolant

Slurry

Corrosive, please list

Metals, please list

Inert Gases, please list

Toxic Gases, please list

Pyrophorics, please list

Water, please list specifics

Inert Gases, please list

Other, please list



Please use one form
per piece of equipment

Please fill out and place
with the unit you are
returning

4. Decontamination

Has this unit been properly decontaminated?

Yes

Who decontaminated the unit?

Name

Company

Individual

Attach a copy of the decontamination report

Phone number

No, please explain why:

Complete the below decontamination checklist by selecting Yes, No, or NA

Surfaces exposed to corrosives have pH test between 5-9

Surfaces exposed to fluoride have tested negative for HF residue

Note: HF is very hazardous. Nothing with HF should be sent to AE or touched by AE personnel.

All chemical residue, debris, and wafer chips have been removed

All free flowing liquids have been removed and lines blown out with air

Gas systems are purged with system software routine under vacuum or vented

Leak up rates performed on all sticks in gas panel (toxic and non-toxic)

All ports and openings have been sealed with a cap or plug?

Chemical labels are removed when no longer needed

Item is packaged to minimize exposure to any residual contaminant

Wipe sampling results are equal to or less than local regulatory standards

List potential residual liquid, solid, or gaseous materials that may be present

| | Chemical | Physical State | Location |
|----|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

List wipe sampling results and include any sampling reports

| | Chemical | Wipe Sampling Results | Location |
|----|----------------------|-----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Provide comments for the next person handling the unit

5. Declaration

Is this unit being shipped as Dangerous Goods?

Yes, DG classification number and UN number:

No

6. Signatures

Originators

| | Name | Signature | Date | Phone |
|----|----------------------|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Originating EHS

| | Name | Signature | Date | Phone |
|----|----------------------|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |