NON-RISK DECLARATION ANALYZERS



Your internal order number/RMA

Internal SICK order confirmation number

Obligatory details: Important information about the product Please fill out completely to avoid queries and delays

Non-risk declaration for biological risks and hazardous materials (for the product specified below)

Devices/components shall only be repaired, have maintenance work performed on them, or returned if they do not contain any hazardous materials and if a non-risk declaration – completed correctly and in full – has been provided. If this is not the case, SICK may reject any returns, repair work, or maintenance work. Additional costs may be incurred for external cleaning. This declaration may only be completed by authorized qualified personnel and requires a legally binding signature.

This declaration may only be completed by authorized qualified personnel and requires a legally binding signature.						
Before sending out the goods, please send us the completed form including the return form by fax or e-mail. Please attach a copy to the outside of the package and enclose a copy with the goods.						
Please specify the dev Device selection dropo	rice type fully or select the device from the di down	ropdown on the form: Device selection free form entry field				
Serial number S/N						
Was the specified device in operation?						
Yes N	No					
Which media came into contact with it? Specify CAS no. (Chemical Abstracts Service no.) if possible						
Is the device and are all its components free from pollutants that are hazardous to health, corrosive, and/or poisonous?						
	Please enclose the safety data sheets necessary information for evaluating t	and any				
Is the device and are all its components free from radioactive materials?						
	No Please enclose the safety data sheets necessary information for evaluating t	and any				
Contact	Customer number	Street/house number				

E-mail address Company ZIP/city

Phone number Department Country

Fax number

I hereby affirm that the details I have provided are correct and complete

Place/dat	е		Name if different from contact
Signature			
SICK AG	Waldkirch	Germany	www.sick.com



Your internal order number/RMA

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Before sending out the goods, please send us the completed form including the non-risk declaration by fax or e-mail. Please attach a copy to the outside of the package and enclose a copy with the goods.

Shipping address
The delivery address depends on the product

SICK AG GM32, GM35, GM700, GM901, GM960, GME700, THERMOFID, TRANSIC, VICOTEC32X, VICOTEC41X, Gisela-Sick-Straße 1 VISIC100SF, VISIC50SF, VISIC620, ZIRKOR, MARSIC300, MCS100, MCS200, MCS300P, MERCEM, HISIC450 D-79276 Reute, Germany EUROFID. FID300X, GMS800, MARSIC200, MARSIC280, MEAC, S700, SIDOR Poppenbütteler Bogen 9b D-22399 Hamburg, Germany SICK AG COMBIPROBE CP100, DUSTHUNTER, FLOW-X, FW101EX, FW102, FW300EX, FW56, FWE200, FWE200DH, Bergener Ring 27 GRAVIMAT SHC50X, SMOTEC450

Before making any return, please contact your local sales company

D-01458 Ottendorf-Okrilla, Germany

Germany:	Austria:	Switzerland:	
SICK Vertriebs GmbH Tel. +49-211-5301-440 Fax +49-211-5301-402 repair.processautomation@sick.de	SICK GmbH Tel. +43-2236-62288-800 Fax +43-2236-62288-5 reparaturen@sick.at	SICK AG Tel. +41-41-619-2939 Fax +41-41-619-2921 contact@sick.ch	

Important information on the product (please complete in full)

Delivery address (if different from the sender information; see non-risk declaration)

Contact	Customer number	Street/house number				
E-mail address	Company	ZIP/city				
Phone number	Department	Country				
Approval for repair lump-sum ¹	Approval for performance check	Return for credit note				
Repairs under warranty	Approval for modification as per service product number	Return following loan				
Repair with cost estimate ² For products without lump-sum	Detailed repair report subject to a fee ³	Free form entry field				
Part name	Part no.	Serial number S/N				
Project name/Order number	Service product number	Quotation number				

Obligatory details: Error description/other information (Service technician report, CAS number, SIC contact, complaint number) Please fill out completely to avoid queries and delays

Place/date Name if different from contact

Signature

Approval for repair lump-sum, which includes the work specified in the schedule of services. Order a detailed repair report, which includes the work specified in the schedule of services. If this is not for a newly purchased item, or a repair order was not issued, you will be charged for the cost of preparing the cost estimate.