

Equipment Repair Form



Name: _____ Title: _____

Institution: _____ Date Purchased: _____

Industry Type: _____

Address: _____

Phone: _____ Email: _____ Model#: _____

RA#: _____ Serial#: _____

Please check box indicating that proof of purchase (invoice) is included. **Proof of Purchase must be included.**

If defective, please describe problem: _____

Application(s) the product was used for (please explain): _____

Where did you purchase this product? _____

Equipment Decontamination

It is the responsibility of the customer to ensure that equipment is in a clean and safe condition; free from Microbiological, Chemical and Radiological contamination.

1. ___ The equipment described above has not been exposed to micro-organisms, clinical material, radioisotopes or hazardous chemicals.
2. ___ The equipment described above has been exposed to micro-organisms / clinical material / radioisotopes / hazardous chemicals and appropriate decontamination procedures have been carried out.
3. ___ Complete decontamination of the equipment described above cannot be achieved.
Nature of residual contamination: _____

Laboratory manager authorization (if applicable)

Signature: _____ Name: _____ Date: _____

User signature: _____ Name: _____ Date: _____

Equipment Repair Instructions

1. After contacting Revolutionary Science, complete this form and place it in the chamber of the product.
2. Write the RA number on the outside of the shipping box.
3. Pack product securely to avoid shipping damage. Original packaging is preferred.
4. Include proof of purchase (invoice).

Note: Orders placed with a trade-in discount can only be placed via Revolutionary Science, credit card by phone.

REVOLUTIONARY SCIENCE

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