

# Declaration of Decontamination

(Download: [www.hedrich.com/en/service/servicedocuments-download.html](http://www.hedrich.com/en/service/servicedocuments-download.html).)

Due to legal provisions and in order to protect our employees and operating facilities we need the signed "Declaration of Decontamination" prior to processing your order. Please attach it on the outside of the packaging.

### Delivery address:

HEDRICH GmbH  
Service Center  
Greifenthaler Str. 28  
D – 35630 Ehringshausen-Katzenfurt

### In case of questions:

Tel.: +49 6449 929 0  
Fax: +49 6449 929 149  
  
service@hedrich.com

Type of device / sensor: \_\_\_\_\_

Serial number: \_\_\_\_\_

used as SIL (Safety Integrity Level) unit in protective devices

Process data: Temperature: \_\_\_\_\_ [°C]

Pressure: \_\_\_\_\_ [bar]

Conductivity: \_\_\_\_\_ [S]

Viscosity: \_\_\_\_\_ [mm<sup>2</sup>/s]

### Warnings for medium:



	Medium/ concentration	CAS No.	Flammable	Toxic	Caustic	Harmful to health/irritant	Others *	Harmless
Medium in process			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium for process cleaning			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium for final cleaning			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tick where applicable; if one of the warnings applies, attach safety data sheet and, if necessary, special instructions for handling.

\* e.g. explosive; oxidizing; harmful to the environment; biohazardous; radioactive

### Reason for sending:

Repair     Warranty     Return     Replacement     Rental pump     Others

### Fault description and other remarks:

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### Information on sender:

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

Fax: \_\_\_\_\_

Street: \_\_\_\_\_

E-mail: \_\_\_\_\_

ZIP, place: \_\_\_\_\_

Your order number: \_\_\_\_\_

**We confirm that the present declaration has been filled in completely, truthfully and according to our best knowledge. Delivery was made in compliance with all legal prescriptions, restrictions and rules applicable for packaging, delivery and marking of all harmful substances.**

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Dept. (block letters please)

\_\_\_\_\_  
Signature