Return Form

TECNO PLAST

Before returning the goods, an approval for the return must be requested. Without an approval by Tecno Plast the goods will be returned unopened. Safety data sheets are required for release when relevant.

Customer:			Contact:				
Address:			Department:				
			Phone:				
			E-Mail:				
				•			
Contact at Tecno Plast Type of return:							
Reference-No. Tecno Plast:			Dispatch on:				
Job-No. Tecno Plast:			Quantity:				
Your order-No.:			Product:				
Your reference-Nr.:			Batch/Serialnumber:				
Reason for return (please give further details, e.g. leaking, wrong fitting etc.)							
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Has the item already been used?							
If yes specify the following operating conditions							
Temperature:							
Preassure:							
Vacuum:							
Movement:							
Special features:							
Is there a risk that the item was or is contaminated inside and/or							
outside?							
If so, with which media did the product have contact?							
Is the outside of the item completely cleaned and decontaminated							
Is the inside of the item completely cleaned and decontaminated							
Type of cleaning:							
Recommend	ded precautionary	measures (please cho	ose as appropriate	e)			
Body protec			e protection□	Respiratory protection□			
If personal protective equipment must be worn (e.g. PVC gloves), repair is not possible under							
these circumstances. An examination of the item to clarify the damage pattern can be carried out							
if necessary.							
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We confirm t	hat the informatio	n provided is correct:					
Date:							
Signature of the responsible person:							
In block letters:							
Position:							
1 0310011.							

Stand: E vom 12.01.2023

ErstellerIn	PrüferIn	FreigeberIn	Letzte Prüfung
BR	CL	DBo	12.01.2023