



**Health & Safety Clearance Certificate** (Return for Repair); Statement of Hazard Assessment

Please fill out the entire form, sign and return with the submitted product.

Product Brand Name: \_\_\_\_\_

Product Model Name and Number: \_\_\_\_\_

Product Serial Number (or S/N of device removed from): \_\_\_\_\_

Describe below the mobile phase liquids (solvents) and/or any additives with which this product came in contact with during operation.

\_\_\_\_\_  
\_\_\_\_\_

It is the sole responsibility of the equipment owner to remove all know hazardous materials and to decontaminate the product if applicable. Before sending the product to us, *you* must clean, decontaminate and optionally sterilize the product (as applicable). It must not contain or have been exposed to any mobile phases which contained radioactive, biological or clinical material. *Please certify that you have done so below by either placing a check mark or writing 'YES' next to both items.*

(Client) Equipment owner declarations. At our premises, this product has been:

Cleaned and Decontaminated: \_\_\_\_\_ and **Is Safe to Handle:** \_\_\_\_\_.

(Client) We attest that we shall be liable to Chiralizer Services, LLC for damages caused by incomplete or incorrect information and that Chiralizer Services, LLC is indemnified against any claims for damages from third parties. We are aware that we are directly liable to third parties, and in particular to Chiralizer Services, LLC staff and employees entrusted with handling/diagnosing/repairing/upgrading this product.

**Print Your Full Name:** \_\_\_\_\_

**Your Authorized Signature:** \_\_\_\_\_

**Company Name and Date:** \_\_\_\_\_

**Title and Phone #:** \_\_\_\_\_