



## Return Material Authorization Information Sheet

Pages 1 and 2 must be received by the RMA coordinator before an RMA number can be assigned.

Hardcopy of Purchase Order must be received before repair evaluation can be started.

**Return this form (pages 1 & 2) completed to the Instron® RMA Coordinator**  
**Click e-mail form button at the bottom of page 2 to send this form to us:**

email: [RMA@instron.com](mailto:RMA@instron.com)

fax: 781-575-5542

phone: 800-473-7838 Option 3

**PO Number #** \_\_\_\_\_

**Company Shipping Address:**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Company Billing Address, if same as shipping address enter "same":**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contact Person:**

Name \_\_\_\_\_

Phone #: \_\_\_\_\_

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

email address: \_\_\_\_\_

**Item to be sent in:**

Model # \_\_\_\_\_

Serial # \_\_\_\_\_

Item Description \_\_\_\_\_

Problem Description :



# Return Material Authorization Information Sheet

## Hazardous Material Questionnaire

Enclose copy of completed form with issued RMA# with item(s) being returned. Questions call 800 473-7838 Option 3  
Due to Health and Safety concerns, no item can be evaluated without this completed form.

RMA # Assigned By RMA Cordinator (Include on form returned with material ) \_\_\_\_\_

**Item to be sent in:**

Model # \_\_\_\_\_

Serial # \_\_\_\_\_

Item Description \_\_\_\_\_

In what application has this product been used? \_\_\_\_\_

List any known contaminants item exposed to (must be filled in. If none please enter none) :

List \_\_\_\_\_

**Nature of known contaminants in contact with product:**

Toxic: Potential Hazardous:

Explosive: Biologically Hazardous:

Corrosive: Non Hazardous:

Has this product been exposed to any radioactive material (required)      No                      Yes

If yes, please list: \_\_\_\_\_

Does the return of this equipment create any health or safety risks to Instron employees (required)?      No                      Yes

If yes, please provide details ?

I certify that the product(s) listed above has been cleaned of all hazardous residues, and  
any residue remaining is of a non-hazardous nature.

Signature **Required** (Sign or Type Name) : \_\_\_\_\_

Title \_\_\_\_\_