

**Equipment Return Form****1. Customer Details**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address (cont'd): \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**2. Equipment Details**

Manufacturer: \_\_\_\_\_  
Meter / Sensor Model : \_\_\_\_\_  
Meter / Sensor S/N: \_\_\_\_\_  
Transmitter Model: \_\_\_\_\_  
Transmitter S/N: \_\_\_\_\_  
Flow Range: \_\_\_\_\_ Fluid: \_\_\_\_\_

Specific Flow Rates: (Standard 5 points across meter range)

\*\* price adder applies for specific points or additional points \*\* \_\_\_\_\_

Is this item faulty?:  YES  NO If Yes, please give any known details below

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

**3. Service Required**

Rush (24 - 48 Hrs) - call Trillium office  Standard (2 Weeks)

**4. Calibration Requirements**

Our reference standards are traceable to the national measurement standards of Canada and/or the National Institute of Standards and Technology (NIST).

ISO/IEC 17025 Accredited  Standard Calibration  
 As Found Only  As Found / As Left  Special, call Trillium office to discuss

Do you require analog output values on certificate? (Price adder applies)  YES  NO

Adjust device error closer to zero even if it is within manufacturer specifications, if possible?  YES  NO

If device fails As Found adjust to bring it within manufacturer specifications, if possible?  YES  NO

Send electronic copy Email : \_\_\_\_\_

Is calibration due date required on certificate?  YES  NO Interval (in months) : \_\_\_\_\_

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**5. Decontamination Statement**

Due to Health and Safety requirements a statement is required from a suitably qualified person within the end user's company assuring us that the above equipment presents no hazard as a result of its possible exposure to toxic radioactive or hazardous substances during normal use. Equipment will be placed in quarantine until a suitable statement has been obtained.

Please state to which substances this equipment has been exposed: \_\_\_\_\_

Is this substance hazardous to health?  YES  NO

I declare this equipment has been purged / cleaned and is safe to handle.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

**TRILLIUM ADMINISTRATIVE USE ONLY**

Does unit information match item received (Manufacturer / Model / Serial Number)?  YES  NO

Perform visual inspection, is condition of unit satisfactory?  YES  NO

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Order # \_\_\_\_\_ RMA #: \_\_\_\_\_ Tag #: \_\_\_\_\_

Received by: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

**Return Instructions**

Please include a signed copy of this form with your shipment. Also provide any indicator / transmitter, interconnecting wires, special connectors or adapters and wiring/manual if applicable.