

Equipment Return Form**1. Customer Details**

Company Name: _____
Address: _____
Contact Name: _____
Email: _____
Telephone: _____

2. Equipment Details

Manufacturer: _____
Meter Model : _____ S/N: _____
Transmitter Model: _____ S/N: _____
Flow Range: _____ Fluid: _____
Specific Flow Points (Standard 5 Point Calibration): _____

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

Please indicate any additional information that you would like us to know about your meter.

3. Service Level Required

Rush (24 - 48 Hrs) - call Trillium office Standard (1 - 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

Decision rule: Please select meter pass / fail criteria to be used. The default we use is simple acceptance using manufacturer's tolerance, without taking measurement uncertainty into account.

Manufacturer's Tolerance Manufacturer's Tolerance - Total Uncertainty Other: _____

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's tolerance, if possible? YES NO

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

Send electronic copy Email : _____

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

Equipment Return Form**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.