





## Completing an MKS Health & Safety PDF Form

Please review the following instructions for successfully completing a fillable PDF form:

- Use **only the latest version of Adobe Reader** to complete fillable PDF forms. Macintosh and Windows versions of the free Adobe Reader are available from Adobe at <http://get.adobe.com/reader/>.
- **Before** completing the document **save** the form (PDF format) to a location on your computer. (Example: Desktop or Documents).
  1. **Right click** on the form link and click "**Save as**", or if this form is open in your web browser, click "**Download**"  (Chrome) or "**Save**"  (Microsoft Edge/Internet Explorer)
  2. **Save** to your Desktop, Downloads, or Documents folder.
- Once you have saved the form to your computer, you are ready to complete the form
- **Open** the PDF form.
- **Required** fields are outlined in red
- After you have completed the form, **save a final version** to your computer.
- This form has a built-in "Submit" button allowing you to send the form via email. The form will automatically be attached to your email when you click "**Send this form to MKS now**". Be patient - it may take 1-2 minutes to prepare the email.

Remember: **Do not complete the form online with your web browser. Your data will NOT be saved. Please save it to your computer first, and then enter your information.**

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## HEALTH AND SAFETY FORM

**SECTIONS 1,3,4, and 5 OF THIS FORM MUST BE COMPLETED AND RETURNED WITH EQUIPMENT.  
IF NOT, SERVICE WILL NOT BE PERFORMED.**

<b>MKS will issue RMA Number</b>	<b>Return Material Authorization (RMA) Number* :</b>		
	<input type="checkbox"/> Trade-In	If model upgrade request add new part number.	P/N:
<b>Section 1: Equipment Identification</b> (one instrument per form)			
MKS Part Number:	MKS Serial Number:	Date Code:	
Detailed description of reason for failure/ return:			
<b>Copper (Cu) Process:</b> Check box if equipment is from Copper (Cu) process tool (Regardless if process residue exists.)			
<input type="checkbox"/> This equipment used on a tool or exposed to a process containing Copper (Cu). The parts must be double bagged with label on the outside bag and note on packing documents indicating "Copper Part". Label final shipping container "Copper Part" and place a strip of orange tape on the container.			
<b>Section 2: Requirements</b>			
<p>The purpose of this document is to reduce the risk of injury to personnel who handle, disassemble, clean and repair returned equipment. Please provide complete information and adhere to all requirements. <i>(If all of these steps are not completed, it could delay your service.)</i></p> <ul style="list-style-type: none"> <li>• Submit this completed form to an MKS Customer Service Representative to obtain an RMA#.</li> <li>• For Non-warranty returns, provide a copy of a PO or credit card information (credit card accepted for MKS US only.)</li> <li>• For Non-warranty repairs, if applicable remove all process wetted materials (sensors, gauges, bellows, etc.) from electronic modules, and send only the electronics.</li> <li>• Prepare the equipment for safe handling at MKS               <ul style="list-style-type: none"> <li>○ Purge process gases from all sections of the equipment.</li> <li>○ Flush and drain all fluids. Remove all residue from the equipment.</li> <li>○ Open and equilibrate the equipment with ambient air (open all valves, etc.) for a minimum of 15 minutes.</li> </ul> </li> <li>• <b>ALL PRODUCTS MUST BE RETURNED IN SEALED BAGS.</b></li> <li>• Label any equipment that has been exposed to a Copper (Cu) process, as "Copper Part".</li> <li>• Pack and ship according to all local, state, and Federal regulations. (i.e. DOT, IATA)</li> <li>• Attach a copy of this completed Health and Safety and RMA form (if required) to the <b>OUTSIDE</b> of the shipment.</li> </ul>			
<b>Section 3: Contact Information</b>			
Technical Contact information for person completing this document:			
Name:	Phone:	Email:	
<b>Section 4: Declaration</b>			
<p>I hereby declare that the information supplied on this form is complete and accurate and I am a qualified technical person with the process knowledge to complete this form accurately. In addition, the returned equipment has not been exposed to biological, radioactive, or energetic (explosive) materials, and will be shipped in accordance with all appropriate federal, state, and local regulations regarding packaging, transportation, and labeling of hazardous materials where required. I understand that MKS Instruments may request a Safety Data Sheet for materials listed. I also understand that following MKS inspection, if the equipment is found to be unsuitable for safe handling and disposal due to contamination, you may be subject to a service fee to cover product decontamination, special handling, and/or waste disposal costs.</p>			
Name:	Signature:	Date:	

## HEALTH AND SAFETY FORM

**SECTIONS 1,3,4, and 5 OF THIS FORM MUST BE COMPLETED AND RETURNED WITH EQUIPMENT. IF NOT, SERVICE WILL NOT BE PERFORMED.**

**Return Material Authorization (RMA) Number:**

**Section 5: Equipment Usage and Contamination Information (Must be completed by a qualified technical person)**

**MKS does not accept equipment that has been exposed to Radioactive, Biological, or Energetic (explosive) materials. This requirement also pertains to Cyanide, Mercury, Sodium Azides, Dioxins, PCBs. (No RMA # issued.)**

<input type="checkbox"/> Air <input type="checkbox"/> Aluminum Oxide (Al <sub>2</sub> O <sub>3</sub> ) <input type="checkbox"/> Argon (Ar) <input type="checkbox"/> Carbon Dioxide (CO <sub>2</sub> ) <input type="checkbox"/> Carbon Monoxide (CO) <input type="checkbox"/> Deuterium (D <sub>2</sub> ) <input type="checkbox"/> Helium (He) <input type="checkbox"/> Hydrogen (H <sub>2</sub> ) <input type="checkbox"/> Krypton (Kr) <input type="checkbox"/> Neon (Ne) <input type="checkbox"/> Nitrogen (N <sub>2</sub> ) <input type="checkbox"/> Nitrous Oxide (NO) <input type="checkbox"/> Oxygen (O <sub>2</sub> ) <input type="checkbox"/> Titanium Oxide (TiO <sub>2</sub> ) <input type="checkbox"/> Water (H <sub>2</sub> O) <input type="checkbox"/> Xenon (Xe)	<input type="checkbox"/> Ammonia (NH <sub>3</sub> ) <input type="checkbox"/> Ammonium Hydroxide (NH <sub>4</sub> (OH)) <input type="checkbox"/> Arsenic (As) <input type="checkbox"/> Arsine (AsH <sub>3</sub> ) <input type="checkbox"/> Boron Trichloride (BF <sub>3</sub> ) <input type="checkbox"/> Borane (BH <sub>3</sub> ) or Diborane (B <sub>2</sub> H <sub>6</sub> ) <input type="checkbox"/> Carbon Tetrabromide (CBr <sub>4</sub> ) <input type="checkbox"/> Carbon Tetrafluoride (CF <sub>4</sub> ) <input type="checkbox"/> Chlorine (Cl <sub>2</sub> ) <input type="checkbox"/> Dichloroethylene (C <sub>2</sub> H <sub>2</sub> Cl <sub>2</sub> ) <input type="checkbox"/> Fluoroform (CHF <sub>3</sub> ) <input type="checkbox"/> Germane (GeH <sub>4</sub> ) <input type="checkbox"/> Germanium Tetrafluoride (GeF <sub>4</sub> ) <input type="checkbox"/> Hydrogen Chloride (HCl) <input type="checkbox"/> Hydrogen Bromide (HBr)	<input type="checkbox"/> Hydrogen Fluoride (HF) <input type="checkbox"/> Hydrogen Selenide (H <sub>2</sub> Se) <input type="checkbox"/> Indium (In) <input type="checkbox"/> Iodothyronine Deiodinase 3 <input type="checkbox"/> Methane (CH <sub>4</sub> ) <input type="checkbox"/> Nitrogen Trifluoride (NF <sub>3</sub> ) <input type="checkbox"/> Ozone (O <sub>3</sub> ) <input type="checkbox"/> Peracetic Acid (CH <sub>3</sub> CO <sub>3</sub> H) <input type="checkbox"/> Phosphine (PH <sub>3</sub> ) <input type="checkbox"/> Sulfur Hexafluoride (SF <sub>6</sub> ) <input type="checkbox"/> Xenon Difluoride (XeF <sub>2</sub> )  <input type="checkbox"/> Other Chemicals/Byproducts **
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\*If any chemical is selected in this section, a "-H" suffix will be added to the RMA# issued.  
 \*\*If Other Chemicals/Byproducts is selected, Technical review by MKS is required before RMA#.

Confirm this equipment was:  
 Purged  Drained and  Open to ambient air for at least 15 minutes

Was this Equipment:  Flushed?  Decontaminated? If so, explain the procedure:

**Section 6: Customer Information**

<p><b>CUSTOMER SHIP TO:</b></p> <p>Company:</p> <p>Address:</p> <p>City: <span style="float: right;">State:</span></p> <p>Country: <span style="float: right;">ZipCode:</span></p> <p>Phone:</p> <p>Email:</p>	<p><b>CUSTOMER BILL TO:</b></p> <p>Company:</p> <p>Address:</p> <p>City: <span style="float: right;">State:</span></p> <p>Country: <span style="float: right;">Zip Code:</span></p> <p>Phone:</p> <p>Email:</p>
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**Send this form to MKS now.**