

Calibration / Repair Return Form

(Please complete and return with service unit or fax in advance of shipment)

Company Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Telephone / Email: () - ext: _____

Make/Model(s): _____

Serial Number(s) _____

Reason for Return: Calibration Repair Other

Explain / Notes: _____

PO Number: _____

Attach business card here
(instead of completing contact section)

Equipment Usage (Check box that apply)

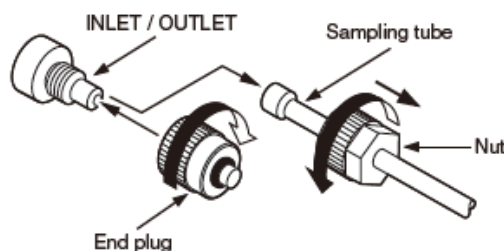
- Has never been used for Hazardous Material and was last cleaned on _____.**
*Note this equipment still needs to be wiped down with DI water or IPA.
- Was last used with the following Hazardous Material on _____.**
 - o Chemical Name's - _____
 - _____
 - _____

Equipment Decontamination Process - Please list the Decontamination process below.

Name of Personnel: _____ Date: _____

Sensor Preparation

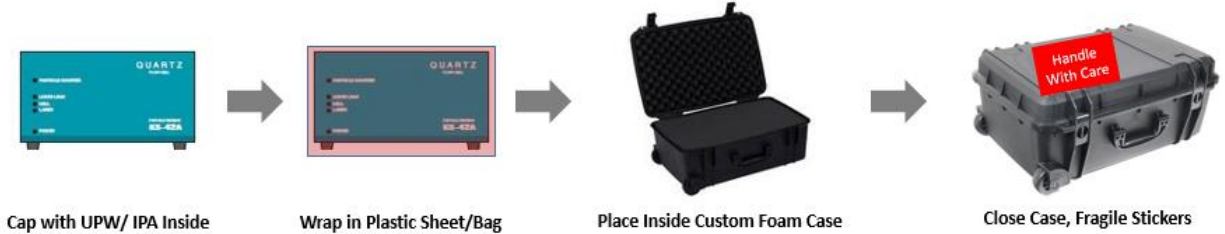
- Please notify MGN representative of the model and anticipated shipping date, to reserve time slot and coordinate shipping.
- Purge / flush the sensor with UPW (or filtered IPA during freezing conditions).
- With the clean liquid still inside, cap the sensor's inlet and outlet.



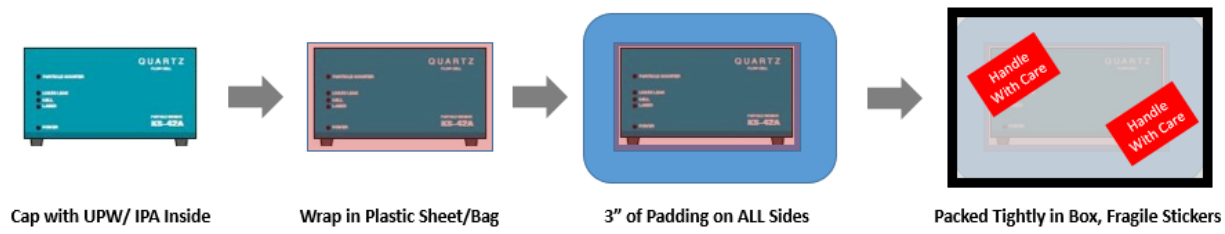


Shipping Instructions:

- Wrap the sensor in a plastic sheet/bag, to prevent packing particles from entering the vents.
- If using the transport case (available for purchase for safety of sensors) with custom foam inserts:
 - Place the wrapped sensor inside the case.
 - Use packing materials to fill any empty spaces to ensure a tight pack.
 - Include a copy of the completed Service Return Form.
 - Close the case and place “Fragile” and/or “Handle with Care” sticker on outside.



- If using shipping boxes:
 - Have at least 5 inches of padding on ALL sides of the sensor. Avoid using loose packing peanuts, content may shift during shipping.
 - Ensure the box is tightly packed.
 - Include a copy of the completed Service Return Form.
 - Seal the box and place “Fragile” and/or “Handle with Care” sticker on outside.



Ship Attn: **MGN Service Dept. 41984 Rio Nedo Suite 200, Temecula, CA 92590 USA**

Return Shipment: FedEx UPS Other (specify)_____

Service (circle): Priority Overnight / Std Overnight / 2 day air / 3 day air (ground not recommended)

Account number: _____ OR Prepay and Add

Address (if different than above) _____
