**GOODS RETURN DECLARATION / SAFETY CONFIRMATION**

**Forwarder**
- Company: ........................................................
- Street: ...........................................................
- City: ............................................................
- Clerk in charge: ..............................................
- Customer no.: ..............................................
- Telephone no.: ..............................................
- Fax no.: ........................................................
- E-Mail: ........................................................

**Return address**
- Schubert & Salzer Control Systems GmbH
- Bunsenstraße 38
- 85053 Ingolstadt
- Serviceabteilung
- + 49 ( 0 ) 841 96 54 – 5 90
- service@schubert-salzer.com

**Valve / Device information**
- Valve type: ..................................................
- Article no.: ...................................................
- Confirmation no.: ...........................................
- Ordering no.: ..............................................
- Medium (1): ..............................................
- Flow rate: ..................................................
- Medium temperature: ...................................
- Ambient temperature: ...................................
- Inlet pressure: ...........................................
- Voltage supply: ...........................................
- Outlet pressure: .........................................
- Miscellaneous: .........................................
- Operating cycles / minute: ............................

(1) in case of having used dangerous media, an additional safety confirmation has to be enclosed

**Reason for reconsignment**
- Reparation ☐  Objection ☐  Modification ☐  Inspection ☐  Sample ☐

**Description of the failure**

1) Which part of the valve failed?
- Positioner: ☐  Leakage: ☐
- Actuator: ☐
- Miscellaneous: ...........................................

2) Exact description of the failure:

Frequency of the failure?
- The failure occurs permanently: ☐  Reason for failure:
- The reason for failure is known: ☐
- The failure occurs casually: ☐  The failure also occurs with other valves: ☐

Estimate of costs desired: ☐  Permission for reparation: ☐  Consultation desired: ☐

**Dear Sir or Madam,**

In order to protect the environment and our colleagues, please inform us whether the returned valve was in contact with dangerous media or not. Therefore, send us a detailed safety confirmation for each valve to permit a quick response. If not, it may be possible that due to safety reasons, we will not start with the analysis of the fault or the reparation itself.

**The valve was in contact with the following dangerous medium:**

- [ ] Inflammable
- [ ] biologically dangerous
- [ ] explosive
- [ ] caustic
- [ ] harmful to health
- [ ] poisonous
- [ ] different danger

The valve mentioned above, is free of dangerous substances or has been decontaminated acc. to safety regulations. The information given in this safety confirmation is complete and true.

**Date : .......................  Signature : .........................**