


## Form for delivery of components

Hennecke GmbH · Birlinghovener Straße 30 · 53757 Sankt Augustin, Germany

Customer	Date
Contact person in your company	Order number (A0100 - xxxxx)
E-mail	Phone

-  **Please completely fill out both pages of the form and do not forget to sign on the second page.**
-  **If the form is incomplete, we will be unable to process your delivery and it will be returned at your cost.**
-  Please remember to clean used components and to enclose a corresponding **safety data sheet**.
-  A warranty can only be granted if the units that are the subject of the complaint are returned in full, not dismantled, undamaged and with all attachments (**except lines carrying media**).

**Reason for return**

Repair
  Other:

Guarantee / warranty
  For credit

	Mixhead	Injector	Pump	Valve	Other
Type / Part no.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
S/N	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Installation date	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Date of construction	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Number of shots / operational hours	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

**Fault description:**

## Declaration of decontamination

Because of legal requirements and to protect our employees and operating equipment, we require a signed declaration of decontamination to process your order. Please be sure to include the form in the delivery!

**Foam system:**  Flexible foams  Integral foams  Rigid foams

**Condition of the component:**

Has the component been used:  Yes  No

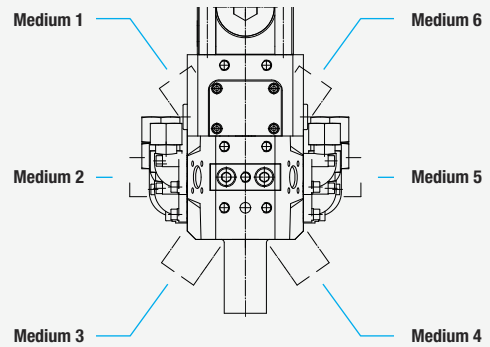
What media have been in contact with the component:







**Has the device been rinsed and is it free of hazardous substances?**  Yes  No\*

\*By submitting this order, you charge us with cleaning the component subject to a fee.

**Details about the media:**

Please enclose the relevant safety data sheet and any special instructions if applicable.



	Designation	CAS number	 flammable	 toxic	 corrosive	 irritant	 other*	 harmless
Medium 1	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium 2	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium 3	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium 4	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium 5	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium 6	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning medium	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* explosive; oxidizing; hazardous to environment; biohazardous; radioactive

I hereby confirm that all the information presented in this form is accurate and complete. Furthermore I confirm that the enclosed components have been carefully cleaned and are consequently free of residues in any dangerous quantity.

Place, date

Name, department (printed)

Signature