





Form for delivery of components

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

Customer	Country	Date
Contact person in your company	Contact person at the Hennecke GROUP	
E-mail	Phone	Order number (A0100-xx, TA, G0100-xx)

-  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.					
S/N					
Installation date					
Date of construction					
Number of shots / operational hours					

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

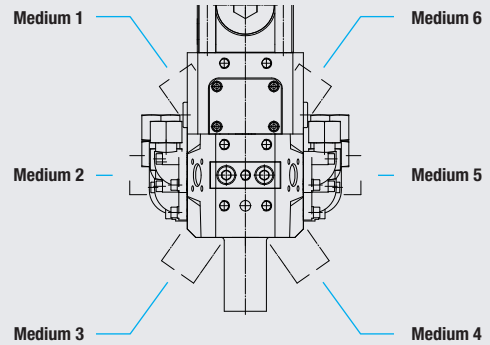
What media have been in contact with the component:







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 type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium 3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium 4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium 5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning medium	<input type="text"/>	<input 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