

Declaration for contamination of used Absorber Modules

Please fill in this form and attach it with every absorber module returned to centrotherm Clean Solutions for refill or service. Take notice of local shipping laws and regulations.

1. System Owner		
Company Name:		
Address:		
Contact Person:		
Phone:	Fax:	

2. System Specification						
CT-D System	Model:		Project:			
Main canister	Type:		S/N:		ID No.:	
Bypass canister	Type:		S/N:		ID No.:	
In Operation	from:		till:			

3. Process Specification	n					
Type of Process:						
	Nopump					
Vacuum pump used	: Rotary vane pump		Oil mist filter installed?		Yes	No
	Dry pump		Gas ballast		slm	
Type and total amount	of gases fed into the absorber r	nodule				
Gas 1:	[L]	Gas 5:				[L]
Gas 2:	[L]	Gas 6:				[L]
Gas 3:	[L]	Gas 7:				[L]
Gas 4:	[L]	Gas 8:				[L]

4. Reason for Exchange of Absorber Module						
System endpoint alarm		External gas detector Calculated lifetime				
AbnormalConditions		please specify:				

5. Condition of Absorber Module							
Has the absorber module been purged with inert gas before exchange?				Yes	No		
Purge gas		Gas flow	slm	Purgin	h		
Has the absorber content been in contact with air?					No		

6. Fu	rther	Notes
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7. Legally binding declarat	ion			
I hereby declare that the information supplied on this form is complete and accurate.				
Authorized person	Name:			
	Job Titel:			
Place:	Date:	Signature:		