

GLAS-COL, LLC  
Customer# \_\_\_\_\_

RMA# \_\_\_\_\_  
Incident# \_\_\_\_\_

Rev. 05/13  
Sales Order# \_\_\_\_\_

## HEALTH AND SAFETY ASSURANCE CERTIFICATION

Company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_  
Tel No: \_\_\_\_\_  
Fax No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Email: \_\_\_\_\_

You have requested authorization to return the following to Glas-Col: \_\_\_\_\_

Catalog # \_\_\_\_\_ Serial # \_\_\_\_\_ Qty \_\_\_\_\_

\_\_\_\_\_ Serial# \_\_\_\_\_ Qty \_\_\_\_\_

**Please explain the reason for the return** ☐ Defective ☐ Repair ☐ Not what ordered  
☐ Inspection ☐ ordered incorrectly  
☐ Modify

HAS THE UNIT EVER BEEN PLACED IN SERVICE? (Plugged In) YES \_\_\_\_\_ NO \_\_\_\_\_

Before we can issue a return material authorization (RMA) number and accept the goods for processing, the following must be completed and signed by a knowledgeable and responsible person of your organization. **Do not return items before receiving and completing a copy of this form and being issued an authorization and RMA number.** The Service Department at Glas-Col relies on the completeness and accuracy of the following information to protect its employees from injury by exposure to toxic, hazardous, or otherwise harmful materials. You must provide us with all the necessary information in order for us to determine if a RMA can be issued. Without appropriate certification, Glas-Col will refuse delivery of returned items.

**Note: All aluminum housed mantles being returned for rebuild must be gutted and cleaned before received at Glas-Col. Mantles not gutted may be refused by Glas-Col and returned to the customer at their expense.**

**Note: Charges may be incurred if items are not properly packaged for return shipment resulting in damages.**

Was the product exposed to, or contaminated with, any toxic or hazardous or otherwise harmful materials?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, completely identify all such materials and supply the following information;

( ) Poisonous ( ) Radioactive ( ) Biological/Infectious ( ) Carcinogen  
( ) Oxidizer ( ) Corrosive ( ) Flammable/Combustible ( ) Mercury/heavy metal  
( ) Other (Specify) \_\_\_\_\_

### Furnish MSDS.

Additional identification: (Use separate sheets for additional detail if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Has the product been properly cleaned or treated so it is safe for human handling? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any additional safety precautions that Glas-Col should take in handling? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in detail: \_\_\_\_\_

I certify that the above information is complete and accurate:

Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Tel No. \_\_\_\_\_

**Return to:** Glas-Col, LLC Attn: Jenny Samm  
711 Hulman Street [jsamm@glascol.com](mailto:jsamm@glascol.com) or fax 812-234-3121  
Terre Haute, IN 47802

#### \*\*\*\*\*Glas-Col Authorization Information\*\*\*\*\*

Goods authorized to be returned \_\_\_\_\_ Yes \_\_\_\_\_ (MSDS attached) RMA Number: \_\_\_\_\_

No \_\_\_\_\_ Reason for denial: \_\_\_\_\_

Authorized/Denied by: \_\_\_\_\_ Date: \_\_\_\_\_