Usage Checklist

*Fill out the items inside the frame in bold below and attach it with your request to allow the technical team manage the disassembly safely.

*The repair and inspection request may be refused if this form is not filled out and attached.

*Ulvac shall follow all privacy laws when handling all personal information that is provided. Ulvac shall only use said information for determining the cause of the failure or malfunction and for detoxifying and cleaning. Ulvac shall not provide any personal information to a third party.

Model: Manufacturing No.:
1. Suction gas: (<u>*Required</u>)
(1) Hazardous for people? Yes / No
(2) Abnormal odor? Yes / No
(3) Gas type and description:
*Depending on the material or substance, those that must be reported are specified in the Industrial Safety and Health Act.
2. Usage conditions: Operation frequency: <u>Approx.</u> hours per day for yrs. and months
□ Continuous operation □ Intermittent operation
Usage:
3. Failure or malfunction status: 🗆 Abnormal noise 🗆 Abnormal pressure 🗆 Abnormal operation 🗆 Oil leak
Other conditions:
4. Request description: 🗆 Repair (Overhaul) 🗆 Regular inspection 🗆 Initial claim (under warranty)
5. Other:
6. Container: * After checking the status of the container upon receipt, the container may be disposed of. If it is disposed of, we will ship the completed repair in a sturdy container that can protect the product during transport. Please note that a shipment container charge may apply.
7. Special note: If we receive a request to stop the repair after issuing a quotation, please note that administration fee for the quotation applies on some models. Check the Ulvac website to confirm which models apply. Please note that we disassemble the returned product for all work requests. If we receive a request to stop the repair and return the product after it has been disassembled, we tentatively re-assemble the product and send it back. But please note that we do not guarantee its operation. (<u>http://www.ulvac-kiko.com/</u>)
Customer/Company (User) Representative:
Address:
Telephone: Fax:
E-mail:
Agent/Dealer: Representative:
Telephone: Fax:
*Please make sure to fill out the name of the agent/dealer when there is no direct business exchange with Ulvac.
8. Verification
I declare that the information written in this document is true and accurate.
Dept./Organization: (Signature) Date: (YYYY/MM/DD)

> 1-10-4 Kita-Shinyokohama, Kohoku-ku, Yokohama, Kanagawa, Japan 223-0059 Telephone: +81-45-533-0509 Fax: +81-45-533-0512

*To avoid problems during transport, drain the oil in the oil pump before sending.