Our intent is to offer a quick and high-quality service, as well as to protect the health of our staff. We kindly ask for your understanding that we can only accept the return of our units / corresponding accessories for repair, service, or inspection with a completed ‘Customer Returns Form’. If this form is incomplete, we reserve the right to refuse and return equipment at your expense.

To make a return please email [customerreturns@pressure-tech.com](mailto:customerreturns@pressure-tech.com) for an allocated Return No – returns **CANNOT** be accepted without this number

**PLEASE NOTE:** **Returned boxes MUST have this complete form attached on the OUTSIDE and clearly marked ‘RETURNS’.**

**All components (e.g., Gauges, Valves, Fittings) attached to the pressure regulator should be removed prior to returning the product to Pressure Tech. Any components left on the pressure regulator may prevent the regulator from being inspected or serviced. Subsequential damage to any components left on the pressure regulators, either in transit or in attempting to remove the items by our service engineers, will not be covered by Pressure Tech Limited**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Return No: |  | Pressure Tech Sales Contact(s): |  |
| Customer Name: |  | | |
| Customer Order No: |  | Sales Order Acknowledgement No: |  |
| Pressure Tech Part No: |  | | |
| Pressure Tech Serial No: |  | Date Of Manufacture (DOM): |  |
| Reason for Return: | Service/Calibration | Returned for Credit | After Loan/Demo |
| Details of Problems Encountered: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide in as much detail as possible the application the equipment was used under:** | | | |
| Regulator Function: Include information about the system, filtration, flow rate etc. |  | | |
| Media: |  | | |
| Supply Pressure: |  | Outlet Pressure: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Has the equipment been exposed (internally or externally) to any of the following: (Please complete as fully as possible)** | | | |
| **Toxic Gases** | **Yes** | **No** | **Details:** |
| **Chemicals Hazardous to Health** | **Yes** | **No** | **Details:** |
| **Other Hazards** | **Yes** | **No** | **Details:** |
| **Requires Decontamination** | **Yes** | **No** | **Details:** |
| **Declaration Decontamination has been carried out.**  If any part of the ‘Toxic’ or ‘Hazardous’ form has been completed with a ‘**Yes**’, then I have signed to say that the appropriate decontamination has been undertaken and the equipment is fully safe to handle.  I declare that the above information is true and complete to the best of my knowledge.   |  |  | | --- | --- | | Authorised Signature…………………………………………………. | Date…………………………………………………………………………… | | Name Printed……………………………………………………………. | Position……………………………………………………………………… | | Company Name…………………………………………………………. | Department………………………………………………………………. | | Address……………………………………………………………………… | Tel……………………………………………………………………………… | | ………………………………………………………………………………….. | Email………………………………………………………………………… | | | | |

**PLEASE RETURN ITEMS TO: PRESSURE TECH LIMITED, UNIT 27 GRAPHITE WAY, HADFIELD, DERBYSHIRE, UK SK13 1QH**