**PRODUCT SAFETY FORM**

**RETURN THIS FORM WITH THE PRODUCT or FAX to 847.327.2993**

Ship return to:

Cole-Parmer  
625 E. Bunker Court, M/S 14  
Vernon Hills, IL 60061

Cole-Parmer relies on the accuracy of information provided by you to protect its employees from injury by exposure to toxic, hazardous, biological, or otherwise hazardous materials.

**Federal law prohibits the transfer of equipment or products contaminated with radiological, biological, or chemical waste residue.**

RETURN NUMBER ________________

Please indicate how this product(s) is used and describe all materials (hazardous and non-hazardous) it has come in contact with:

Please Check all the boxes that apply:

- The products(s) were never exposed to any radiological, biological, or chemical agents and is safe to handle
- One or more of the product(s) was/were used in conjunction or exposed to radiological, biological, or chemical agents and has been decontaminated, rendering it safe for handling

**Items with Mercury (Hg) · STOP – Illinois law prevents the return of the product to us**  
contact your Customer Service representative at 800-323-4340 for further instructions  
**

Authorization

By accepting authorization to return the products listed on the return authorization, the undersigned assumes all responsibility and liability for radiological, biological, and chemical decontamination, we reserves the right to refuse delivery of products without necessary documentation or where we determine they have not been properly decontaminated. We also reserves the right to bill you for any and all costs associated with the decontamination and/or disposal of products we determine were not properly decontaminated or received broken. In the event a product has exposed to radiological Safety Office release is required. By signing below the customer also certifies that the shipment complies with DOT 49 CFR/IATA Hazardous Materials Regulations

Print Name _________________________  
Title _________________________  
Signature _________________________ Date___________