To be used for all return of Goods to Haakon Ellingsen AS (HEAS).  
Send by Email to contact person HEAS and attach a paper copy with the shipment.

|  |  |  |  |
| --- | --- | --- | --- |
| Company |  | | |
| Address |  | | |
| Contact Name |  | Telephone |  |
| Email |  | Fax |  |
| Customer Order Number |  | | |
| HEAS Order Number |  | | |
| Delivery Date |  | | |
| Reference Number HEAS |  | | |
| Contact Person HEAS |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Part number | Part Description | Serial number/TAG number | Quantity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Customer to Complete:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Media used |  | | Voltage applied | | | | |  | Pressure applied | | | | |  | | |
|  | | | | | | | | | | | | | | | | |
| The Goods are cleaned/emptied | | | | | | | | | | | |  | | Yes |  | No |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | |  |  |  |
| The Goods contain fluids, chemicals or substances hazardous to health | | | | | | | | | | | |  | | Yes |  | No |
|  | | | | | | | | | | | |  | |  |  |  |
| **If hazardous to health provide details:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Handling:** | |  | | Service |  | | Repair | | |  | Return new for replacement | | | | | |
|  | |  | |  |  | |  | | |  |  | | | | | |
| **Reason For Return:** | |  | | Damage |  | | Malfunctioning | | |  | Not according to order | | | | | |
|  | |  | |  |  | |  | | |  |  | | | | | |
|  | |  | | Others see comments | | | | | | | | | | | | |
| **Comments:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Name | | | | | | Position | | | | | | | Date | | | |
|  | | | | | |  | | | | | | |  | | | |