

Capitol Vacuum

14140 Parke Long Ct, Suite D
Chantilly, VA 20151

800-237-3933
703-631-3936 Fax

Turbopump Return Procedure

Thank you for contacting us regarding the repair of your turbomolecular pump. If you wish to send the pump to us for repair we ask that you please follow this procedure. Having all of your information available to us will ensure that your pump repair will proceed quickly and efficiently.

1. Please fill out the Product Safety Disclosure Form, to the best of your knowledge. Please list all gases pumped, even if it is only air. If this pump is from an instrument where trace quantities of many different materials were pumped, please note that information and then only list the most commonly used gases, and the carrier gas.
2. Please fill out the contact information so we can get in touch with you. Please provide a phone number and at least one alternative method of contact (fax, email, etc.).
3. Please provide a return shipping address to make sure your pump will be delivered to back to you.
4. If you are a new customer, please fill in as much of the billing information as possible. At a minimum please provide a contact name and phone number for our accounting department to call and set up a new account.
5. Pack the pump as best you can; OEM packaging is best, and if it arrives in good condition we will return your pump in the same box. If you don't have the OEM packaging, please use firm packing materials such as foam. Avoid bubble wrap if possible and ***do not use packing peanuts*** – these do not provide adequate protection for your pump. For oil lubricated pumps, the oil must be drained prior to shipping (DOT Regulations). Please do not send oil with the pump.
6. Ship your pump to us at: Capitol Vacuum, 14140 Parke Long Ct., Suite D, Chantilly, VA 20151. We strongly recommend you insure your pump against damage or loss.
7. For new customers the fastest method of processing your repair is with a credit card payment. We accept Visa, MasterCard and American Express.
8. If you provide a purchase order number (for customers with approved credit) or a credit card number with your order, we will proceed with the repair without contacting you. If we find any problems that may incur extra cost, we will contact you immediately and we will not proceed further without your approval.
9. A proper evaluation of a turbopump requires a complete disassembly and inspection. Should you decide not to proceed with the repair after the evaluation, or if your pump is deemed non-repairable a \$250 evaluation fee will apply.

If you have any questions, concerns or comments you can contact us at 800-237-3933 or turboservice@capvac.com. Thank you for choosing Capitol Vacuum for your turbopump repair services!

Capitol Vacuum
14140 Parke Long Ct, Suite D
Chantilly, VA 20151

800-237-3933
703-631-3936 Fax

Turbopump Repair Request

Please fill in as much information as possible:

Person to contact regarding the condition of the pump, technical questions, etc.:

Name: _____

Phone: _____ Fax: _____

Email: _____

Shipping address and contact:

Name: _____

Organization: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Billing address and contact:

Name: _____

Phone: _____ Fax: _____

Email: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Please fax this form to us at 703-631-3936, email to us at turboservice@capvac.com, and include it with your pump shipment. Thank you!

Capitol Vacuum
14140 Parke Long Ct, Suite D
Chantilly, VA 20151

800-237-3933
703-631-3936 Fax

CAPITOL VACUUM DIVISION

PRODUCT SAFETY DISCLOSURE

A completed copy of this form must be transmitted to Capitol Vacuum prior to the issuance of a return authorization for the equipment to be serviced. A duplicate of the completed form should be attached to the exterior of the package when the equipment is shipped. Equipment that has been exposed to radioactive or biological substances will not be accepted unless it has been decontaminated by proper procedures prior to shipment. Complete disclosure of all substances that this equipment has been exposed to is required by law.

Equipment type: _____

Manufacturer: _____

Model Number: _____ **Serial Number:** _____

Please list all substances (gases, liquids, solids) the equipment has been exposed to, whether process or by-product:

Substance	Hazard (circle all that apply)
_____	Fire Toxic Reactive Carcinogen Corrosive Other*
_____	Fire Toxic Reactive Carcinogen Corrosive Other*
_____	Fire Toxic Reactive Carcinogen Corrosive Other*
_____	Fire Toxic Reactive Carcinogen Corrosive Other*
_____	Fire Toxic Reactive Carcinogen Corrosive Other*

*Please explain _____

Please attach MSDS for any proprietary substances.

The undersigned certifies that the above information is a complete and accurate disclosure as required by OSHA 29CFR1910.1200.

Signed: _____

Date: _____

Print Name: _____

Title: _____

Company : _____

Phone: _____