



Return Material Authorization (RMA)

RMA Information Sheet

Complete and return pages 1 and 2 to rma@instron.com by clicking the Email form button at the bottom of page 2.

A **HARDCOPY Evaluation PO** must be received before repair evaluation can start.

1. Evaluation fees for item repairs is \$500.00.
2. Evaluation fees for system repairs are established based on complexity.
3. Evaluation fees are waived if the repair is authorized.
4. **Evaluation fee for a Load cell or an extensometer repair are not required at this time.**

Evaluation PO Number: _____

Company Shipping Address: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Billing Address: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Item or system to be sent in for repair:

Model #: _____

Serial #: _____

Item Description: _____

Problem Description: _____

Send Final PO to the assigned Repair Tech and to RMA@instron.com

A shipping account number is required for the return of your device.



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Hazardous Material Questionnaire

**Due to Health and Safety concerns, no item can be evaluated without this form completed.
RMA # to be assigned by the RMA Customer Support Administrators**

Item to be sent in:

Model # _____

Serial # _____

Item Description _____

List any known contaminants item is exposed to (must be filled in). If none, then enter none.

Nature of known contaminants in contact with product:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Toxic | <input type="checkbox"/> Corrosive | <input type="checkbox"/> Biologically Hazardous |
| <input type="checkbox"/> Explosive | <input type="checkbox"/> Potential Hazardous | <input type="checkbox"/> Non-Hazardous |

Has this product been exposed to any radioactive material?

No Yes If yes, please list:

Does the return of this equipment create any health or safety risks to Instron employees?

No Yes If yes, please provide details?

I certify that the product(s) listed above have been cleaned of all hazardous residues and any residue remaining is of a non-hazardous nature.

Full Name: _____ Title: _____

Email: _____ Phone Number: _____

Signature Required: _____

By submitting this form, I am agreeing to the terms & conditions of Instron's Privacy Policy

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