



Completion of this form is a HSE Requirement Under the PUWER Regulations 1998, Regulation 22

Has the equipment / product been exposed to a hazardous substance / environment

(If yes please complete the matrix below)

Yes

No

Is the product safe to handle (if No please give details below)

Yes

No

Please provide name, email and telephone number of the site contact:

Name:

Email:

Phone:

Substance / Environment (Acid / Alkali/ Sewerage etc)	Exposure Risk		
	Low	Medium	High

If high, please supply MSDS or state PPE/ RPE required etc

Please complete with any further information / comments relevant to your product return

Name:

Date:

NOTE: Equipment will not be accepted back at our repair facility unless fully completed and will be returned unopened.

THIS FORM MUST BE ATTACHED TO THE OUTSIDE OF THE RETURNED PACKAGE

Rockall Safety Ltd Service Department

8 Lambourne Crescent, Cardiff Business Park, Cardiff. CF14 5GF

[Tel:08453300447](tel:08453300447) Email:service@rockallsafety.co.uk



Problem Report & Customer Contamination Risk Assessment

This form must be completed and returned to Rockall Safety with any product for repair, Service or Replacement.

YOUR DETAILS	
Company Name:	Name:
Address:	

Date:	Tel No:
Email:	

PRODUCT DETAILS	
Product Type:	
Full Model No:	
Serial No:	

Reason for Return / Product Details

Return Shipping Address (include contact name & Telephone Number (if different to above))