

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: _____ **or Credit card info to the RMA coordinator**

Shipping (provide a shipping account no. or prepay or add, and method of shipment):

Account No.: _____ **Prepay and add** _____ **Method:** _____

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: _____

**** Model and Serial number of the machine is needed whether the machine is being repaired or an accessory is being repaired. If the accessory is used on more than one machine, then enter the model and serial number of the machine it is most frequently used on.**

**** If the item or a po is not received within 90days, then the call will be closed, or the item will be returned. Shipping will be your responsibility.**

****Send/email your PO to the assigned Repair Tech or to RMA@instron.com**

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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:

Toxic
Explosive

Corrosive
Potential Hazardous

Biologically Hazardous
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