



Tustin Assigned  
Tracking # RMA \_\_\_\_\_.

# Request for Material Evaluation (GFI)

Complete all sections.

Fax this form to: GF Piping Systems Customer Service Department, Fax # (714) 731-4688

Tustin Originator: \_\_\_\_\_ Date: \_\_\_\_\_

End-User Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

GF Distributor: \_\_\_\_\_ Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Description of application: \_\_\_\_\_

Description of Problem: \_\_\_\_\_

Product Description: \_\_\_\_\_ GF Part Number: \_\_\_\_\_

Product Description: \_\_\_\_\_ GF Part Number: \_\_\_\_\_

Approximate Date of Installation: \_\_\_\_\_ Date of Problem: \_\_\_\_\_

Fluid: \_\_\_\_\_ Concentration: \_\_\_\_\_ Solids content: \_\_\_\_\_ % Particle size: \_\_\_\_\_

Ambient temp: Min: \_\_\_\_\_ °F Max: \_\_\_\_\_ °F Typ: \_\_\_\_\_ °F Process temp: min: \_\_\_\_\_ °F Max: \_\_\_\_\_ °F Typ: \_\_\_\_\_ °F

Working press: min: \_\_\_\_\_ psig Max: \_\_\_\_\_ psig Typ: \_\_\_\_\_ psig Flow rate: \_\_\_\_\_ gpm lpm

Installation: Indoor or Outdoor Exposed to sunlight: Yes No On the wall or Suspended

Sending Letter: Yes No Sending Photos: Yes No Request Repair Estimate: Yes No

Valve Style: Ball Diaphragm Butterfly Angle Seat PRV Metering Ball

Accessories: Lock-Out Limit Switches Gear Operator Chain Wheel

Body Material: PVC CPVC PP PVDF Size: \_\_\_\_\_

Seal Material: FPM EPDM NBR PTFE Other: \_\_\_\_\_

If Actuated: Electric Supply voltage: \_\_\_\_\_ Approximate number of cycles per hour? \_\_\_\_\_

Pneumatic. Air supply pressure? \_\_\_\_\_ Psig Pilot valve: 3-Way or 4-Way

Fail-Safe: FC or FO Double-Acting

Modulating Input signal? \_\_\_\_\_ What is the set point? \_\_\_\_\_

Accessories: Manual-Override Limit Switches Stroke Limiter Speed Control Other: \_\_\_\_\_

## RIGHT TO KNOW NOTICE:

If the material being returned has been exposed to process fluids, please fill out EHS-300 Material Safety Disclosure form must accompany the shipment. Failure to properly decontaminate material being returned will result in significant additional cost for third party decontamination, and or disposal.



**RMA MATERIAL SAFETY DISCLOSURE FORM**

Tustin Assigned  
Tracking # RMA \_\_\_\_\_

**Product(s) being returned:**

Quantity	Part Number	Product Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**! RIGHT TO KNOW NOTICE:**

If the material being returned has been exposed to process fluids, a Material Safety **This Disclosure form must accompany the shipment.** Failure to properly decontaminate material being returned will result in significant additional costs for third party decontamination, and or proper disposal.

✓ **PLEASE CHECK APPROPRIATE BOX**

I/ we hereby certify that all of the above listed material (product) being returned to Georg Fischer for service or evaluation was **not** exposed to any chemicals or hazardous materials, and is safe for handling.

I/ we hereby certify that all of the above listed material (product) being returned to Georg Fischer for service or evaluation **was** exposed to the following chemicals or hazardous materials and has been properly decontaminated and can be safely handled.

List of chemicals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **To certify the above information is correct please complete the following:**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

- **The original of this form must be included with material (product) being returned. Please put the above-referenced Tracking # on outside of shipping box.**
- **Please fax a copy of this form directly to the Customer Service Department in Tustin, fax (714) 731-6201, or Custom Products (714) 731-4688, or the Technical Service Department at (714) 731-8294**

Attention: \_\_\_\_\_  
Please print the name of the Customer Service Representative (if available) to help us process your paperwork.