

Instructions for exchanging a turbo pump or turbo pump controller for a refurbished item:

-- Fill out below 3 pages and fax them to Varian customer service at 781-860-9252.

-- Varian will contact you with a Return Authorization Number (RA#) and request a credit card number from you for payment.

-- Send item to this address:

Varian Vacuum Technologies  
121 Hartwell Ave  
Lexington, MA 02421

**Be sure that RA# is clearly printed on mailing label on outside of package.**

-- Enjoy new (refurbished) item upon it's arrival.

-- If problems, local Varian representative is Brian Mess at 720-922-3605,  
or the main number is 800-8VARIAN.

For reference, Prices as of 5/2004:

Navigator V 301 Turbo Pump 9698918, Iso 100	New	\$6710
	(with 15% discount)	\$5703
	Exchange for refurbished	\$2070
Controller for Navigator V301 Turbo Pump 9698972	New	\$1420
	(with 15% discount)	\$1207
	Exchange for refurbished	\$620
V 70 Turbo Pump 9699365, Iso 63	New	\$3830
	(with 15% discount)	\$3256
	Exchange for refurbished	\$1230
Controller for V 70 Turbo Pump 9699518	New	\$820
	Exchange for refurbished	\$330

To: Varian Vacuum Technologies  
121 Hartwell Ave  
Lexington, MA 02421  
Fax: 781 – 860 – 9252

From: \_\_\_\_\_  
University of Colorado at Boulder  
CIRES, UCB 216  
Jose-Luis Jimenez Laboratory  
Boulder, CO 80309  
Phone: 303 – 492 – \_\_\_\_\_  
Fax: 303 – 492 – 1149

Re: Exchange of \_\_\_\_\_

Please see attached 2 sheets describing item we wish to exchange for a refurbished item. Please provide us with a Return Authorization Number (RA#). Also, please call the above number and we will provide you with a credit card number.

Thank you



# Request for Return Health and Safety Certification



- Return authorization numbers (RA#) **will not** be issued for any product until this Certificate is completed and returned to a Varian Customer Service Representative.
- Pack goods appropriately and drain all oil from rotary vane and diffusion pumps (for exchanges please use packing material of replacement unit), making sure shipment documentation and package label clearly shows assigned Return Authorization Number (RA#). VVT cannot accept any return without such reference.
- Return product(s) to the nearest location:

**North and South America**

Varian Vacuum Technologies  
121 Hartwell Ave  
Lexington, MA 02421  
Fax: (781) 860-9252

**Europe and Middle East**

Varian SpA  
Via Flli Varian 54  
10040 Leini (TO) – ITALY  
Fax: 39 011 9979 330

**Asia and ROW**

Varian Vacuum Technologies  
Local Office

For a complete list of phone/fax numbers see [www.varianinc.com](http://www.varianinc.com)

- If a product is received at Varian in a contaminated condition, **the customer is held responsible** for all costs incurred to ensure the safe handling of the product, and **is liable** for any harm or injury to Varian employees occurring as a result of exposure to toxic or hazardous materials present in the product.

***CUSTOMER INFORMATION***

Company name: .....	
Contact person: Name: .....	Tel: .....
Fax: .....	E-Mail: .....
Ship Method: .....	Shipping Collect #: ..... P.O.#: .....
<i>Europe only:</i> VAT reg. Number: .....	<i>USA only:</i> <input type="checkbox"/> Taxable <input type="checkbox"/> Non-taxable
Customer Ship To: .....	Customer Bill To: .....
.....	.....
.....	.....

***PRODUCT IDENTIFICATION***

Product Description	Varian P/N	Varian S/N	Purchase Reference

***TYPE OF RETURN (check appropriate box)***

<input type="checkbox"/> Paid Exchange	<input type="checkbox"/> Paid Repair	<input type="checkbox"/> Warranty Exchange	<input type="checkbox"/> Warranty Repair	<input type="checkbox"/> Loaner Return
<input type="checkbox"/> Credit	<input type="checkbox"/> Shipping Error	<input type="checkbox"/> Evaluation Return	<input type="checkbox"/> Calibration	<input type="checkbox"/> Other .....

***HEALTH and SAFETY CERTIFICATION***

**VARIAN VACUUM TECHNOLOGIES CANNOT ACCEPT ANY BIOLOGICAL HAZARDS, RADIOACTIVE MATERIAL, ORGANIC METALS, OR MERCURY AT ITS FACILITY. CHECK ONE OF THE FOLLOWING:**

- I confirm that the above product(s) has (have) **NOT** pumped or been exposed to any toxic or dangerous materials in a quantity harmful for human contact.
- I declare that the above product(s) has (have) pumped or been exposed to the following toxic or dangerous materials in a quantity harmful for human contact (Must be filled in):

.....  
Print Name: ..... Signature: ..... Date: ...../...../.....

**PLEASE FILL IN THE FAILURE REPORT SECTION ON THE NEXT PAGE**

Do not write below this line



**Request for Return  
Health and Safety Certification**



**FAILURE REPORT** (Please describe in detail the nature of the malfunction to assist us in performing failure analysis):

**TURBO PUMPS and TURBOCONTROLLERS**

<b>CLAIMED DEFECT</b> <input type="checkbox"/> Does not start <input type="checkbox"/> Noise <input type="checkbox"/> Does not spin freely <input type="checkbox"/> Vibrations <input type="checkbox"/> Does not reach full speed <input type="checkbox"/> Leak <input type="checkbox"/> Mechanical Contact <input type="checkbox"/> Overtemperature <input type="checkbox"/> Cooling defective <input type="checkbox"/> Clogging	<b>POSITION</b> <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Upside-down <input type="checkbox"/> Other: .....	<b>PARAMETERS</b> Power:                      Rotational Speed: Current:                    Inlet Pressure: Temp 1:                      Foreline Pressure: Temp 2:                      Purge flow: <hr/> <b>OPERATION TIME:</b>
Describe Failure :		
<b>TURBOCONTROLLER ERROR MESSAGE:</b>		

**ION PUMPS/CONTROLLERS**

<input type="checkbox"/> Bad feedthrough <input type="checkbox"/> Poor vacuum <input type="checkbox"/> Vacuum leak <input type="checkbox"/> High voltage problem <input type="checkbox"/> Error code on display <input type="checkbox"/> Other	Describe failure:  <hr/> Customer application:
--	--

**VALVES/COMPONENTS**

<input type="checkbox"/> Main seal leak <input type="checkbox"/> Bellows leak <input type="checkbox"/> Solenoid failure <input type="checkbox"/> Damaged flange <input type="checkbox"/> Damaged sealing area <input type="checkbox"/> Other	Describe failure:  <hr/> Customer application:
--	--

**LEAK DETECTORS**

<input type="checkbox"/> Cannot calibrate <input type="checkbox"/> No zero/high background <input type="checkbox"/> Vacuum system unstable <input type="checkbox"/> Cannot reach test mode <input type="checkbox"/> Failed to start <input type="checkbox"/> Other	Describe failure:  <hr/> Customer application:
--	--

**INSTRUMENTS**

<input type="checkbox"/> Gauge tube not working <input type="checkbox"/> Display problem <input type="checkbox"/> Communication failure <input type="checkbox"/> Degas not working <input type="checkbox"/> Error code on display <input type="checkbox"/> Other	Describe failure:  <hr/> Customer application:
--	--

**ALL OTHER VARIAN PUMPS**

<input type="checkbox"/> Pump doesn't start <input type="checkbox"/> Noisy pump (describe) <input type="checkbox"/> Doesn't reach vacuum <input type="checkbox"/> Over temperature <input type="checkbox"/> Pump seized <input type="checkbox"/> Other	Describe failure:  <hr/> Customer application:
--	--

**DIFFUSION PUMPS**

<input type="checkbox"/> Heater failure <input type="checkbox"/> Electrical problem <input type="checkbox"/> Doesn't reach vacuum <input type="checkbox"/> Cooling coil damage <input type="checkbox"/> Vacuum leak <input type="checkbox"/> Other	Describe failure:  <hr/> Customer application:
--	--