

# ***Return Material Authorization***

*Oliver Equipment Company  
4620 Brittmoore Rd. Houston, TX 77041*

**OEC RMA Job No.** -

**TO:**

**FROM:**

*Phone:*

*Fax:*

*Phone: 713-856-9206 Ext:*

*Fax: 713-856-9299*

*Email:*

**SUBJECT:** *OEC Job Reference Number:* -

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Please fully complete and return the attached, Return Material Authorization Form. This tag must be fully completed in detail and returned to my attention. A SDS for the process liquid or gas is also required for all equipment being sent to Oliver Equipment Company for repair. This is a compliance issue regulated by the U.S. Department of Transportation and OSHA. Oliver Equipment Company appreciates your efforts in complying with this request.

In order for Oliver Equipment Company to repair your equipment thoroughly and efficiently, and to help us help you in diagnosing failures, we ask that all customers provide as much information as possible on the Return Material Authorization Form. Oliver Equipment requires a purchase order issued at the time your equipment is sent in for repair in order to apply any expenses which are directly related to the handling or repair of your equipment. It is Oliver Equipment Company's policy to quote ESTIMATED repair charges and to obtain a copy of the purchase order and a signed acknowledgment of the quotation before the repair can be started and/or completed. Some repairs may be subject to a disassembly, cleaning and inspection fee if the equipment is not repaired at our facility. A list of these fees will be supplied along with the RMA form.

In addition, equipment being sent in for repair **MUST BE DECONTAMINATED!** If the equipment is NOT properly decontaminated, Oliver Equipment Co. reserves the right to either refuse shipment or have the equipment sent to an authorized vendor for decontamination at the customer's expense. Equipment arriving without the appropriate documentation will be delayed until all the requested information is received.

PLEASE NOTE O.E.C.'S RECEIVING HOURS ARE FROM 7:30 AM UNTIL 4:30 PM, Monday thru Friday. If off-hours deliveries are required, arrangements **MUST** be made by calling Guy Steiger at ext.1133 or Brandon Berger at ext. 1140 during normal business hours. **IF YOUR EQUIPMENT IS RECEIVED AFTER HOURS, THERE WILL BE AN ADDITIONAL CHARGE ADDED TO THE COST OF THE REPAIR.**

If you should have any questions, please feel free to contact me at ext.1133 or 1140.

Best Regards,

Oliver Equipment Company

# Return Material Authorization

Oliver Equipment Company  
4620 Brittmoore Rd. Houston, TX 77041

**OEC RMA Job No.** -

Item must have bottom portion of this form completed, enclosed in the envelope and attached to the equipment, crate or skid in a location that is visible and easy to read.

**Email a copy of this form to:** OLIVER EQUIPMENT COMPANY Service\_Dept@OliverEquip.com

**Ship Equipment To:** Oliver Equipment Co. 4620 Brittmoore RD. Houston, TX, 77041

In addition, the exterior of all the units must be clean and if the item has been in an EPA/OSHA listed hazardous service, the item must be decontaminated and a Safety Data Sheet (SDS) must be provided together with the shipment.

Item will be refused by Oliver Equipment Co. and returned to the shipper or sent to an authorized EPA vendor for decontamination at the customer's expense, if the above conditions are not met. This is to comply with the OSHA "Right To Know" Law, (29 CFR 1910. 1200), and to ensure the safety of our employees.

**Customer Must Notify Oliver Equipment Co. Prior to repair, in writing, if this repair is a warranty claim.**

<b>Administrative Information:</b>				
Ship Equipment Back To:	Address:	City:	St.	Zip Code:
Buyer Name:	Phone:	Fax:	Email:	
Send Estimate To:	Send Report To:			

<b>Pump Identification</b>		
Manufacture:	Model Number:	Serial Number:

Service Objective	Reason that Unit was Removed From Service
<input type="checkbox"/> Failure <input type="checkbox"/> Conversion	<input type="checkbox"/> Normal Wear <input type="checkbox"/> Lubrication <input type="checkbox"/> Case Leak
<input type="checkbox"/> Prev Maint <input type="checkbox"/> Warranty	<input type="checkbox"/> Process Seal Leak <input type="checkbox"/> Performance <input type="checkbox"/> Corrosion
	<input type="checkbox"/> Gearbox Seal Leak <input type="checkbox"/> Vibration/Noise <input type="checkbox"/> Incorrect or Faulty Parts

**To better serve you, Please indicate below in detail, as much information known about the equipment failure.**

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<b>Service Requirments</b>		
<input type="checkbox"/> Predissassembly Run Test	<input type="checkbox"/> Witness Disassembly	<input type="checkbox"/> Performance Test
<input type="checkbox"/> Disassemble, Clean, Inspect Only	<input type="checkbox"/> Test run	<input type="checkbox"/> Customer Witness Test
<input type="checkbox"/> Complete Overhaul	Other: _____	

<b><u>MUST BE COMPLETED AND ATTACHED TO THE EQUIPMENT</u></b>		
<b>Failure to comply may result on the item being refused by Oliver Equipment Co. and returned to shipper.</b>		
1.) Hazardous Substances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, item must be deontaminated prior to return and SDS sheet provided		
2.) THIS UNIT HAS BEEN DECONTAMINATE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.) SDS FOR PROCESS LIQUID OR GAS PROVIDED	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.) NAME OF PRODUCT _____		
Authorized Signature: _____	Date _____	