

Vacuum Pump Exchange **Declaration of Contamination**

Manufacturer:		Serial #:											
In order to safely exchange any vacuum pu completed before this pump is allowed on all employers to properly label containers within and associated hazard warnings. It	the production f of hazardous sul	floor. (bstanc	OSHA ces. L	A regi	ulatio 5 mu:	on 29 st inc	OCFR Clude	1910	0.1200) (Haz	ard Co	ommunication) req	
Is Your Vacuum Pump Seized?: *Yes	No *N	laybe_		*	Seize	ed Pu	ımps	are N	IOT el	igible	for \$5	500 Core Exchange	
Hydrocarbon Lubricants ONLY: 19 Grade	rade 20 Grade			Full Synthetic			Other						
Please list all substances, gases, chemicals or by-products that have come into contact with the vacuum pump or related process equipment. Please attach an MSDS for any proprietary substances.		Fire Hazard	Water or Air	Blood or Bodily	cs/Poisons/Drug	Carcinogenic	Corrosive	Avoid Skin	Special PPE*	*			
Chemical/Substance Name	Chemical Symbol		Fire	Wate	Blood	Toxic	Carc	Corr	Avoic	Spec	Other*	٦	
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												<u>-</u> -	
										<u> </u>		*Please explain	
NOTES:										$\overline{}$		explain	
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THIS FORM MUST BE COMPLETED CONTAINER	AND RETRUM	NED \	WITH	H CC	LOI	RED	SLE	EEVE	INS	IDE S	SHIPE	PING	
In accordance with the requirements of hereby certify that, to the best of my k described above.								•				, .	
Print Name:													
_		Company: Phone:											
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Thank you for your cooperation. Please return this completed form with your pump in the COREVAX shipping container or by fax to: (801) 486-1032 or email to: info@corevax.com



Phone: (801) 486-1015

Email: info@corevax.com