



# HEALTH AND SAFETY FORM

Please contact Ivac Solutions before you return such equipment and for all questions contained in this questionnaire.

<b>Company:</b>	<b>Title:</b>	<b>Name:</b>
<b>Address:</b>	<b>City, State, ZIP, Country:</b>	
<b>Email:</b>	<b>Fax:</b>	<b>Phone:</b>
<b>PLEASE PRINT, SIGN AND RETURN THE SIGNED FORM VIA FAX OR EMAIL.</b>		

<b>Oil:</b> <input type="checkbox"/> Fomblin <input type="checkbox"/> Hydrocarbon <input type="checkbox"/> Other	<b>Voltage:</b> <input type="checkbox"/> 110/115 <input type="checkbox"/> 208/230 <input type="checkbox"/> 460/480 <input type="checkbox"/> Other	<b>Warranty:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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1. SUBSTANCES PRODUCED OR USED IN THE EQUIPMENT
<input type="checkbox"/> Toxic <input type="checkbox"/> Combustible <input type="checkbox"/> Corrosive <input type="checkbox"/> Explosive <input type="checkbox"/> Biological <input type="checkbox"/> Radioactive <input type="checkbox"/> Infectious Agents <input type="checkbox"/> Other: _____

EQUIPMENT
<b>Pump Brand:</b>
<b>Pump Model:</b>
<b>Pump Serial#:</b>
<b>PO#:</b>

2. LIST ANY SUBSTANCES PRODUCED OR USED IN CONTACT WITH THE EQUIPMENT.			
Chemical	Substance	Name	Symbol

3. EQUIPMENT RETURN INFORMATION
<b>Malfunction symptoms and reason for return:</b> _____ _____
<b>Do you wish to purchase a complete Product Analysis Report?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Water Drained:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>Oil Drained:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>Equipment Used On Copper Process:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>**INLET, EXHAUST AND OPEN PORTS MUST BE BLANKED OFF**</b>

4. Declaration Acknowledgement		
<b>Print Your Name:</b>	<b>Authorized Signature:</b>	<b>Date:</b>