



Service of Vacuum Pump Systems

2442 Emrick Boulevard, Bethlehem, PA 18020

Tel. (610) 625-1505 Fax (610) 849-0395

Visit us on the Web at www.polvac.com

Declaration of Vacuum Equipment Contamination

Complete this form before sending any equipment to PolVac Corp. for repair.

Telefax the completed form to PolVac Corp. and then attach the form to the equipment.

Prepare the pump for shipping following these steps:

WARNING: Always use the proper safety precautions when handling contaminated equipment.

*Purging the pump reduces the Levels of damaging & dangerous contaminants, but it does not eliminate the hazard.

1. **If the pump is operational:** seal its intake port and purge the pump with inert gas for at least 12 hours while its running. Then, shutdown the pump.

If the pump is *not* operational: go to Step 2 before purging the pump with inert gas for at least 12 hours.

2. Drain the oil from **oil-lubricated** pumps. To avoid exposure to contaminated oil, use a flexible drain line connected to a sealed container.

3. Disconnect any accessories.

4. Place a desiccant canister or pack on the pump's inlet screen and attach an air-tight seal to the intake and exhaust ports and any other openings.

5. Pack the pump in a suitable sealed shipping container. Since shipping peanuts cannot support the weight of the pump, their use is not recommended.

Condition of Equipment	Description of Vacuum Equipment
How long has the pump operated?	Type/Model:
What type of oil was used?	Catalog Number:
Reason for repair:	Serial No. (see nameplate):

Has the equipment been exposed to the following materials:

Toxic.....	Yes	No	Biological hazard.....	Yes	No	Equipment and components which have been contaminated by biological, explosive, or radioactive substances will not be accepted without written evidence of decontamination.
Carcinogenic.....	Yes	No	Explosive.....	Yes	No	
Corrosive.....	Yes	No	Radioactive.....	Yes	No	
Flammable.....	Yes	No				
Other harmful substances.....	Yes	No				

List all substances, gasses, & by-products which came into contact with the equipment:

Product name manufacturer*	Chemical name or symbol*	Protective equipment or controls*	Special handling precautions*	First aid in case of human contact*
1				
2				
3				
4				

*Attach MSDS sheets or use reverse side of this form if necessary to provide additional details.

Customer Contact:	Phone No.	ext.
Company:	Date:	Salesman:
Address:		