



Contamination Data Sheet

Provac Sales, Inc.
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Santa Cruz, CA 95062
Tel. (831) 462-8900
Fax (831) 462-3536
E-mail: provac@provac.com

Your Company Name: _____ Provac Issued RMA#: _____

Your Contact Person: _____ P.O. #: _____

Date: _____ Phone: _____ Fax: _____

Pump/Controller Model./Part # _____ S/N _____

To ensure the health and safety of our employees, and to meet regulations for safety in the workplace as well as regulations governing the handling and disposal of hazardous materials, it is essential to fully complete this form. This form (one completed form per pump) must be filled out for all products that come in contact with any kind of process involving gases, chemicals, or any other hazardous or dangerous substance.

1. Send completed copy of this form to us by fax prior to product return.
2. Place a second completed copy of this form on the outside of the package with the return product.
3. The repair time will be prolonged if information is missing or if this procedure is not followed.

Reason for the return/rebuild and the application/process in which the product was used.

Known materials in contact with the product are: Please check all appropriate spaces.

Health Hazards	Physical Hazards	Physical Hazards
<input type="checkbox"/> No Health Hazard	<input type="checkbox"/> No Physical Hazard	<input type="checkbox"/> Oxidizer
<input type="checkbox"/> Corrosive	<input type="checkbox"/> Combustable Liquid	<input type="checkbox"/> Water Reactive
<input type="checkbox"/> Carcinogen	<input type="checkbox"/> Flammable Gas	<input type="checkbox"/> Pyrophoric
<input type="checkbox"/> Irritant		<input type="checkbox"/> Explosive
<input type="checkbox"/> Toxic		<input type="checkbox"/> Unstable (Reactive)
<input type="checkbox"/> Bio-Hazard	<input type="checkbox"/> BL-1 <input type="checkbox"/> BL-2 <input type="checkbox"/> BL-3 <input type="checkbox"/> BL-4	<input type="checkbox"/> Flammable Liquid/Solid

List all substances, gases, chemicals, and by products which may have come in contact with the product by common name or specific chemical name below. Leaving above list blank or stating none is not acceptable.

List type of oil used in product (If applicable): _____

Provac Sales, Inc. will not accept under any circumstances any product that has been exposed to radio-activity or is microbiologically contaminated.

Legally Binding Declaration

I hereby declare that the information supplied on this form is complete and accurate

Signature: _____ Date: _____

Provac Sales, Inc. reserves the right to return to sender, at the senders expense, any product that is not repairable, that is beyond our cleaning and decontamination capabilities, or that does not have a fully completed contamination data sheet.

Any questions? Call 831-462-8900