

Pump Rebuild Registration Form & Declaration of Contamination



RMA Number: _____

Manufacturer: _____ Model: _____ Serial #: _____

So that we may safely rebuild your pump and comply with the provisions of OSHA's Hazard Communication regulation, this form must be completed before your vacuum pump is allowed on the production floor.

OSHA regulation 29 CFR 1910.1200 (Hazard Communication) requires all employers to properly label containers of hazardous substances. Labels must include an identity of the material(s) contained within and associated hazard warnings.

It is illegal to ship pumps without this data. For additional information, visit www.osha.gov.

PTB SALES WILL NOT ACCEPT ANY EQUIPMENT THAT HAS BEEN RADIOACTIVELY CONTAMINATED.

Fluid service to be prepped for: **(must circle one)**

Hydrocarbon

Fomblin

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.

Chemical/Substance Name	Chemical Symbol

	Fire Hazard	Water or Air Reactive	Blood or Bodily Fluids	Toxics/Poisons/Drugs	Carcinogenic	Corrosive	Avoid Skin Contact	Special PPE Required*	Other*
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: _____

*Please explain

In accordance with the requirements of OSHA's Hazard Communication standard (29 CFR 1910.1200), I hereby certify that, to the best of my knowledge, all of this pump's hazardous contaminants are listed and described above.

Print Name: _____ Title: _____

Signed: _____ Company: _____

Date: _____ Phone: _____

Thank you for your cooperation. Please return this form via fax to (626) 334-2151 as soon as possible.

1331 Mountain View Circle Azusa, CA 91702 866-332-0500 www.ptbsales.com
"What you want, when you need it."