



## Health and Safety Form

This form must be used when sending contaminated equipment for repair.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_, City: \_\_\_\_\_

Province \_\_\_\_\_, Postal code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Contact name: \_\_\_\_\_

Pump model and serial #: \_\_\_\_\_

Oil type: \_\_\_\_\_

Chemical Names:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I, \_\_\_\_\_ confirm that all information above is correct and complete to the best of my knowledge and that the pump is drained of fluid and the pump inlet and outlet have been covered or sealed.

Date: \_\_\_\_\_, Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please fill out all the fields in this form, sign it and then Fax it to Hazard Prevention Professionals at 613-257-4301.