



ISO 9001  
Registered Quality  
Management System  
Certificate No. 08.198.1



ADVANCED VACUUM COMPANY, INC.

For Internal Use

C

B

W/O #: \_\_\_\_\_

### Pump Rebuild Registration Form

Install Date: \_\_\_\_\_

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 can be disassembled and quoted for rebuild.**

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](http://www.osha.gov).

NOTE: ADVACO reserves the right to request an MSDS for any [potential] pump contaminant.

NOTE: ADVACO will not accept any equipment that contains any form of Mercury (Hg) or radioactive contamination.

Fluid service to be prepped for: (must check one)

Hydrocarbon     Fomblin     Grease

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"/>
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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 (410) 876-5820 as soon as possible.

1215 BUSINESS PARKWAY NORTH, WESTMINSTER, MD 21157 (410) 876-8200 •(800) 272-2525 •www.advaco.com  
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