

NICHE
FLUOROPOLYMER HEAT EXCHANGERS

SAFETY AWARENESS NOTICE

1. Heat Exchanger Model No. _____
2. Names of hazardous chemicals to which exchanger was exposed in service and percentages:
- a. tubeside _____
- b. shellside _____
3. Hazardous chemicals must be removed from the exchanger prior to shipment to Niche Fluoropolymer Products. Specify the procedure used for removal. _____
4. What unusual precautions are required when handling the hazardous chemicals specified in 2 above? (Include Material Safety Data Sheet – MSDS)
- _____
- a. Special ventilation required? _____
- b. Special clothing required? _____
- c. Special equipment required? _____
- d. Suitable decontaminating or neutralizing agents? _____
5. What is the recommended decontaminating procedure? (Include safety precautions) _____
- _____
6. What are the symptoms of exposure of personnel to the hazardous chemical(s)? _____
- _____
7. What is the antidote and/or medical attention required? _____
- _____
8. How is the contaminant detected? _____
- _____
9. Remarks: _____
10. For additional info., contact _____ Phone no. _____

11. I hereby certify that I have reviewed the above document, and the unit it pertains to, and find this unit free of hazardous materials as defined in EPA regulations, and that it can be handled in a routine manner. It is understood that if Niche Fluoropolymer Products determines that hazardous contamination exists in this unit, it will be returned to the customer at their expense with a surcharge included for handling and testing, as it is unlawful for Niche Fluoropolymer Products to treat, store or dispose of hazardous materials at our site.

12. I hereby certify that I understand Niche Fluoropolymer Products' shipping policy requires that heat exchangers being returned for service be packaged properly to protect the integrity of the heat exchanger during shipping; and that such packaging must be reusable for return shipment; and that if a heat exchanger returned to Niche Fluoropolymer Products for service is not received in appropriate packaging, Niche Fluoropolymer Products will furnish packaging at an additional cost.

Name and Official Title of Owner/Operator or Senior Mgmt. Official	
Signature	Date Signed:

MAIL THIS COPY TO: NICHE FLUOROPOLYMER PRODUCTS.

42 MOUNTAIN AVE
NESQUEHONING, PA 18240
ATTN: REPAIR DEPT.

COMPANY NAME _____
LOCATION _____