

## Oneida County Health Department's Lead Primary Prevention Program

I, \_\_\_\_\_ understand the purpose and rules governing the HEPA vacuum loaner program and agree to abide by them and return the loaned HEPA vacuum cleaner in a condition similar to which it was loaned in. I will clean the outer surface of the unit, any hoses, attachment and cord prior to returning it to the health department offices at the Adirondack Building 185 Genesee Street, 4<sup>th</sup> fl., Utica, New York 13501. I acknowledge the value of the HEPA vacuum is approximately \$400.00. I also agree to return it to the health department at the **agreed upon date and time** to avoid inconveniencing another scheduled borrower. If there are any problems with the vacuum, I will call the office at 266-6147 promptly. Please present driver's license\* other pre-approved ID\* each time you pick up a vacuum.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Borrower

PRINT NAME: \_\_\_\_\_

Driver's License\* # \_\_\_\_\_ State \_\_\_\_\_ Expiration date \_\_\_\_\_ Other ID\*# \_\_\_\_\_

\*Health Department staff please make copy of license or other ID and file with this form. If no picture ID, use other ID and take digital photograph.

Date(s) Reserved for	Date/ Time Picked Up	Borrower's Signature	Date Due Back to OCHD	# units cleaned	# of Children Under 6 In units cleaned	Date/Time Returned to Health Dept	Health Dept Employee's Signature indicates it was returned clean and in good condition

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