

**Oneida County Health Department  
Lead Primary Prevention Program  
HEPA Vacuum Loaner Program**

To protect the Oneida county Health Department staff and its offices from lead dust contamination from returning HEPA vacuums loaned through the HEPA vacuum loaner program:

I, \_\_\_\_\_ have received instruction on the proper use of the HEPA Vacuum to prepare it to be returned to the Oneida County Health Department's offices. I agree to remove the disposable vacuum cleaner replacement bag and dispose of it properly as instructed, rinse the hoses inside and out, clean any attachments and the interior of the vacuum canister. Further, I agree to wipe down the exterior (outside) surface of the vacuum, the wheels and cord and return it as instructed to the Oneida County Health Department. Failure to clean the vacuum and return it in the clean manner described above will result in the borrower being billed fifty dollars (\$50.00) to have the unit cleaned.

I have read and agree to the above HEPA vacuum return policy.

\_\_\_\_\_

Signature of Borrower

\_\_\_\_\_

Date

**Loan and Use of Scravac HEPA vacuum scraping tool.**

The Scravac scraping tool is meant to assist the user with scraping and vacuuming any dry scraped materials at the same time. While the blade is dull it is possible to scrape or cut your hands or fingers if it is not used with care. The Scravac attachment must be hooked securely to the vacuum extension hose and duct taped in place to insure there is no leakage of harmful dust. Do not allow children near the vacuum unit when it is in use or waiting to be used. Safe work practices as discussed during the use of the HEPA vacuum are required when using the Scravac scraping tool. Please review them in the Lead Safe Paint Safety Guide.

I, \_\_\_\_\_ have read the above instructions and agree to abide by the use of the Scravac tool instructions as indicated above including taping the tool connection with duct tape once it is attached to the HEPA vacuum hose. I acknowledge the value of the tool to be approximately Sixty dollars, (\$60.00) and I will clean it and return it in good condition along with the vacuum.

Further, I agree to not hold the County of Oneida, the Oneida County Health Department or its staff responsible for my or any others' injury that may occur due to its use. I agree to keep it out of the reach of children and to secure it in a safe place when it is not in use.

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Signature of Borrower

\_\_\_\_\_

Date

\_\_\_\_\_

Health Dept. Staff

\_\_\_\_\_

Title