

**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 to the Oneida County Health Department 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

Health Dept. Staff

Title