## CAMERON GREAT LAKES, INC. **MOLECULAR FILTRATION SPECIALISTS**

Approval Date: \_\_\_\_\_ Approval Number: \_\_\_\_\_

Approval By: Title:

## TO BE COMPLETED FOR EACH SHIPMENT OF SPENT HVAC CARBON

1.	Cu	stomer Information:
	a.	Company Name:
	b.	Company Address:
	c.	Representative's Name:
	d.	Representative's Title:
	e.	Telephone Number:
	f.	Fax Number:
	g.	Anticipated Shipping Date:
	0	Purchase Order Number:
2.	Spe	ent Carbon Information:
	a.	Quantity (by volume or weight):
	b.	Shipping container type:
	c.	Number of shipping containers:
	d.	Number of Filters Spent Carbon Originated From:
	e.	Number of Companies Generating Spent Carbon:
	f.	Has the spent carbon been used in HVAC systems only? YES NO
	g.	Has the spent carbon been used in air filters that are piped directly to any industrial or
	-	chemical process? YES NO
	h.	Does the Spent carbon contain any chlorinated or toxic chemicals? YES NO
	i.	Are there any known hazards associated with this spent carbon that CGL should consider
		in handling? YESNO

## 3. **Customer Certification**

I hereby certify that to the best of my knowledge, all information submitted in this document is true and accurate and that all known or suspected chemical contaminants and potential hazards have been disclosed.

Signature

Title

Name (typed or printed)

Date

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