

ANNEX "C"
Sample Vendor Product Mercury-Content Disclosure

Hospital _____

Name: _____

Name of Hospital Purchasing Agent: _____

Address: _____

Telephone: _____

Fax: _____

The above-named Hospital has the policy of minimizing the use of mercury in products purchased for the Hospital. Such products may include:

Barometers
Batteries
Cleansers and soaps
Electrical relays
Gastrointestinal tubes
Laboratory chemicals
Laboratory manometers

Lamps
Pharmaceutical products
Sphygmomanometers
Switches
Thermometers
Thermostat probes
Thermostats

Vendor name: _____

Name of vendor's agent: _____

Address: _____

Telephone: _____

Fax: _____

The above-named vendor agrees to:

Assist _____ Hospital in obtaining manufacturers' disclosures about the mercury content of their products.

Assist _____ Hospital in selecting products that are virtually free of mercury content.

Signature of vendor's agent

Date

SOURCE: Reducing Mercury Use in Health Care, www.SustainableHospitals.org