

## Memorandum

**TO: Moldex Regional & Territory Managers**  
**FROM: Jeffrey S. Birkner – V.P. of Technical Services**  
**DATE: June, 2017**  
**RE: T.S.I. PortaCount & OHD Loan Programs**

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The Moldex PortaCount™ & OHD Loan Programs are an important part of our Technical Services support.

In an on going effort to assist current Moldex respirator users, and as a sales tool to convert more endusers to our respirators, the following is a description of our policies.

### **GENERAL POLICIES & REQUIREMENTS**

1. A Moldex Representative must deliver or authorize that Moldex send the PortaCount to the End User.
2. The Moldex Representative should be able to provide training and or assistance if needed.
3. The End User may be required to pay for shipping or insurance costs or both.
4. The End User should purchase or have available the appropriate materials needed for the fit testing, i.e. #8006 or #7006 Probed Cartridge Kit, Different sizes of facepieces: #7001, #7002, #7003, #7801, #7802, #7803, #8001, #8002, #8003, #9001, #9002 and #9003, or the appropriate disposable respirators such as: #2200N95, #2300N95, #2310N99, etc. It is also good practice to have available other sizes small, low profile, etc.
5. The End User must either be using Moldex Respirators or willing to compare and evaluate Moldex Respirators to what they are currently using.
6. The End User may use the PortaCount for up to 1 week before they are required to return it to Moldex or before the Moldex Representative will pick it up.

**Attached to this memo you will find a copy of the Porta Count™ Loan Request Form.**

Please note that these are only general guidelines and Moldex can change these procedures accordingly to accommodate the best interests of Moldex and the End User.



# PortaCount<sup>®</sup> Loan Program Request Form

Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Ship To Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Moldex Representative: \_\_\_\_\_ Assistance Required: Y or N  
 Distributor: \_\_\_\_\_ Assistance Required: Y or N  
 Date Needed: \_\_\_\_\_ Estimated Date of Return: \_\_\_\_\_

Respirators Currently Used:

\_\_\_\_\_ Brand #1                      \_\_\_\_\_ Brand #2                      \_\_\_\_\_ Brand #3

Number of Users:

\_\_\_\_\_ Brand #1                      \_\_\_\_\_ Brand #2                      \_\_\_\_\_ Brand #3

Once completed, return form via FAX to Moldex Technical Services at +1 (310) 837-9563 or Email to tech@moldex.com. You will be contacted via telephone for verification and shipment date.

For Moldex external use only

Approved for Loan:	Yes / No	Date to be shipped:
Serial Number of PortaCount:		Shipment authorized by Moldex:
Serial Number of Companion:		
Shipping Via:		Tech Service Rep:
Shipping Fee:	Moldex / End User	Date:
Insurance Fee:	Moldex / End User	

Note to Rep: : Usual shipping method/UPS 3 Day, Insure for \$12,500



# OHD - Quantifit™ Catridge Adapter Loan Program Request Form

Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Ship To Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Moldex Representative: \_\_\_\_\_ Assistance Required: Y or N  
 Distributor: \_\_\_\_\_ Assistance Required: Y or N  
 Date Needed: \_\_\_\_\_ Estimated Date of Return: \_\_\_\_\_

**Respirators Currently Used:**

\_\_\_\_\_

Brand #1

Brand #2

Brand #3

**Number of Users:**

\_\_\_\_\_

Brand #1

Brand #2

Brand #3

Once completed, return form via FAX to Moldex Technical Services at +1 (310) 837-9563 or email to tech@moldex.com. You will be contacted via telephone for verification and shipment date.

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Approved for Loan:	Yes / No	Date to be shipped:
Serial Number:		Shipment authorized by Moldex: Tech Service Rep:
Shipping Via:		
Shipping Fee:	Moldex / End User	Date:
Insurance Fee:	Moldex / End User	