

Memorandum

**Subject: Barrington Medical Recycling
X-ray Destruction and Silver Reclamation Program**

Thank you for your interest in allowing Barrington Medical Recycling to service your x-ray purging and silver reclamation needs. The attached survey form will enable Barrington Medical Recycling to provide a specific scope of service for each facility and coordinate the centralized management of all facility x-ray film purging needs.

In addition to annual purge needs many facilities are currently using a "drum" or "barrel" pickup program. Communication to those needing "drum" or "barrel" pickup will specifically outline the scope of service moving forward. For those facilities with stored film requiring annual purge services, BMR will contact your facility to coordinate support.

In order to accomplish this in the most efficient manner please complete the attached online survey form to the best of your knowledge and send to:

Jeff Peterson
Barrington Medical Recycling
jpeterson@bmrxray.com

If at any point during this process you should have any questions or concerns please do not hesitate to contact us directly.

Barrington Medical Recycling is the x-ray destruction and silver reclamation partner of many of the largest health care companies and hospitals in the nation.

Thank you.

Barrington Medical Recycling

X-Ray Film Purge Survey

This survey form will enable Barrington Medical Recycling to provide a specific bid and contract for each of our participating facilities. Please answer each question to the best of your knowledge. Barrington Medical Recycling will assist in answering any questions to help determine the scope of service. Thank you for your participation.

Barrington Medical Recycling will supply our facilities and corporate offices with a formal bid once the scope of the purge is identified. Barrington Medical Recycling will work in cooperation with each of our facilities to supply proper staffing for all sorting, purging, and x-ray film recycling.

Company: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Storage Facility: _____
Contact: _____
Phone: _____
Email: _____
Years of Stored Film: _____ **Years of Film Available For Purge:** _____
Date of Last Purge: ____ / ____ / ____

For Stored Film Only

Available Film (Linear Feet): _____ **or pounds:** _____
Location of Film:
 Onsite storage
 Off-Site Storage
 3rd Party Storage Vendor
 Other: _____
Files Stored:
 Unsorted
 Sorted by year
 Sorted Alphabetically
 Other: _____
Storage Fees: \$ _____ **Potential Storage Fee Reduction:** \$ _____

Would you prefer Barrington Medical's full service staff to handle the sorting / purging (no additional cost)?

- YES
 NO

Would you prefer your facilities staff to handle the sorting and purging for film pick-up only?

- YES
 NO

Barrel Program

Number of Barrels (Drums) that are onsite at your facility: _____
Length of time needed to fill those barrels: _____
Type of Film: _____
Previous Vendor Contact Name: _____
Phone Number: _____
Email Address: _____
Current Owner of Barrels Located Onsite: _____

When you have completed the form, please click the button to the right to submit.