

Vendor Name:

Other Business Names:

Address:

Certification	Cert #	Expiration Date	Scope

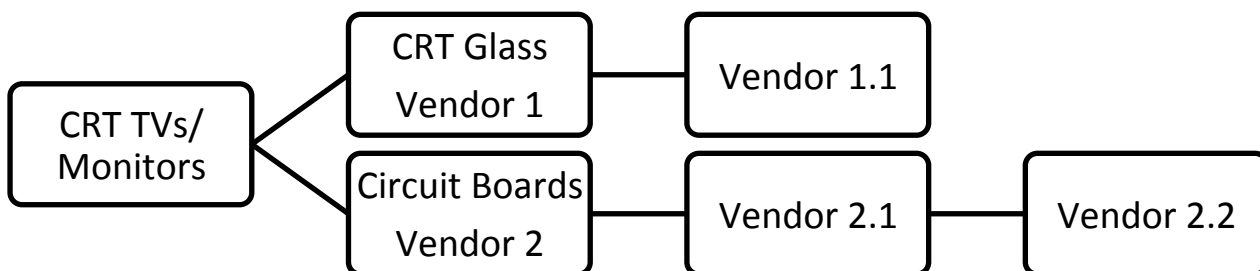
Document the equipment sent to recyclers and the processing techniques by the downstream vendor. Remove or change equipment types specific to each downstream vendor.

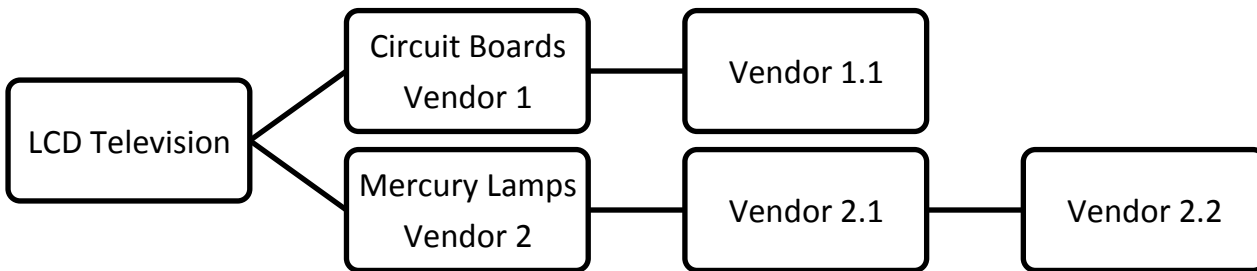
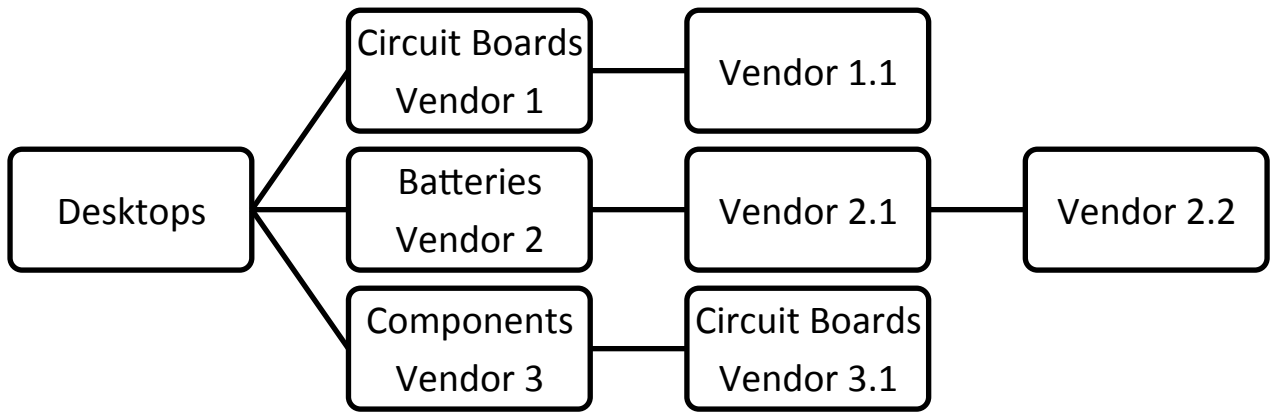
Equipment	Processing Technique
<b>Desktops</b>	Manual disassembly, shredding, mercury retort, etc.
<b>Laptops</b>	
<b>CRT TV's/Monitors</b>	
<b>Peripherals</b>	
<b>Network Equipment</b>	
<b>Video Equipment</b>	
<b>Batteries</b>	

Equipment	Processing Technique
LCD TV's/Monitors	
Printers	
Copiers	
Polychlorinated Biphenyls	
Circuit Boards	
Cellular Devices	
Devices containing Mercury	

**Downstream Focus Materials Recycling Chain** (Provision 7)

(Example – copy for each stream of materials. Make a flow diagram following the Focus Materials throughout the recycling chain.)





### Import/Export Compliance

Document the products containing Focus Materials that are imported or exported by the downstream vendors in this recycling chain. This shall not include any products Tested and Full Functions/R2 Ready for Reuse or Tested for Key Functions, R2/Ready for Resale under Provision 6.

Product (with FM)	Country	Evidence of Legality

## Provision 5(g) Requirements

Focus Materials Management Plan	
Requirement	Verification
How are downstream vendor(s) following the Focus Materials Management Plan?	
Are FMs removed from equipment prior to shredding?	
Is mercury retorted or processed by other legal methods, not incinerated?	
Are circuit boards processed for metals recovery?	
Are polychlorinated biphenyls destroyed in legally compliant facilities?	
Verify no FMs are managed for disposal through energy recovery, incineration, or landfill.	
Does recycler track equipment received and shipped sufficient to demonstrate that material is not diverted to other vendors.	
Did the vendor provide all downstream business names and locations for FMs throughout the recycling chain? [Provision 5(e)(6)]	

Year 1	
<b>Evaluator:</b>	
<b>Attached Evidence:</b>	
<b>Comments:</b>	
<b>Status:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Suspended
<b>Date Completed:</b>	
Year 2	
<b>Evaluator:</b>	
<b>Attached Evidence:</b>	
<b>Comments:</b>	
<b>Status:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Suspended
<b>Date Completed:</b>	
Year 3	
<b>Evaluator:</b>	
<b>Attached Evidence:</b>	
<b>Comments:</b>	
<b>Status:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Suspended
<b>Date Completed:</b>	