

Gear Wash - PPE SafetyCare Services - Order Form

Bill To: _____
 Addr: _____
 Addr: _____
 City: _____
 ST: _____ Zip: _____
 Contact: _____
 Phone: _____
 Tax Exempt No.: _____ PO# _____

Ship To: _____
 Addr: _____
 Addr: _____
 City: _____
 ST: _____ Zip: _____
 Attn: _____
Email: _____

Email address is used for order status communication and invoicing.

Check Item(s) Enclosed: (Complete one form for each piece)

| | |
|--------------------|----------------------|
| Coat / Liner _____ | Suspenders _____ |
| Pant / Liner _____ | DRD Strap _____ |
| Gloves _____ | Belt / Harness _____ |
| Hood _____ | Coverall _____ |
| Boots _____ | Equipment Bag _____ |
| Helmet _____ | Other: _____ |

Check Services Requesting:

| | |
|-------------------------|---------------------------|
| Advanced Clean _____ | Send Estimate _____ |
| Advance Inspect _____ | Repair As Needed _____ |
| Advance Repair _____ | Repair As Specified _____ |
| 3+Yr. Liner Insp. _____ | Alteration _____ |
| Liner Suter Test _____ | Retrofit _____ |
| Bio Decon Clean _____ | Custom Work _____ |
| Heavy Decon Clean _____ | Other, see below _____ |

IMPORTANT NOTE: Any item to be inspected and/or repaired must be cleaned according to the NFPA 1851 Standard, OSHA and Gear Wash cleaning standards, based on our experience and sole judgment. Gear Wash reserves the right to re-clean items that do not meet our safety standards.

Item(s) Has Been Cleaned? : YES NO (Check one. If not checked, item will be cleaned by Gear Wash)

Description of work requested:

Please write in description of any know contaminates on the equipment and provide copy of MSDS.

TURNOUT SPECS: *Please fill in available information.*

Name/ID: _____

Manuf.: _____

Model: _____

SN#: _____

Size: _____

Manf. Date: _____

Shell Fabric: _____

Color: _____

Other: _____