

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 (Circle one. If not circled, 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: _____