



GEARWASH® PPE SERVICE ORDER FORM

Bill To _____
 Addr: _____
 Addr: _____
 City: _____
 State: _____ Zip: _____
 Contact: _____
 Phone: _____
 Tax Exempt #: _____
 PO #: _____

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

Email address is used for order status communication and invoicing.

CHECK ITEM(S) ENCLOSED

Complete one form for each item (outer shell + liner)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Coat / Liner | <input type="checkbox"/> DRD Strap |
| <input type="checkbox"/> Pant / Liner | <input type="checkbox"/> Suspenders |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Belt / Harness |
| <input type="checkbox"/> Hood | <input type="checkbox"/> Coverall |
| <input type="checkbox"/> Boots | <input type="checkbox"/> Equipment Bag |
| <input type="checkbox"/> Helmet | <input type="checkbox"/> Other: _____ |

CHECK SERVICES REQUESTING

- | | |
|---|--|
| <input type="checkbox"/> Advance Clean | <input type="radio"/> Decline Inspection |
| <input type="radio"/> Advance Inspection <i>(Default)</i> | <input type="radio"/> Repair as Specified Only |
| <input type="radio"/> Advance Repair <i>(Default)</i> | <input type="checkbox"/> Shell Only Service |
| <input type="checkbox"/> Email Estimate | <input type="checkbox"/> Bio Decon Clean |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Heavy Decon Clean |
| <input type="checkbox"/> Custom Work | |
| <input type="checkbox"/> 5 Day Rush Repair (Fee) | |

CLEANING & REPAIR POLICY

OSHA Compliance – Customer cleaned items must be cleaned immediately prior to sending to Gear Wash and according to the NFPA 1851 Standard. Gear Wash reserves the right to re-clean items that fail a soil transfer test and do not meet our safety standards. See our policy listed on www.gearwash.com.

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 detailed description of specific work requested. If item is contaminated, please write in known contaminates and provide MSDS sheet, if available.

TURNOUT SPECS:

Please fill in available information.

Name/ID: _____
 Manuf.: _____
 Model: _____
 SN#: _____
 Size: _____
 Manf. Date: _____
 Shell Fabric: _____
 Color: _____
 Other: _____

GEAR WASH, LLC

Your Safety. Our Commitment.

657 S. 72nd Street | Milwaukee, WI 53214

Phone: 414-476-4327

Toll Free: 866-657-0111

Fax: 414-918-4727

www.gearwash.com

Internal Use Only

Received _____

Initials _____