



PROTECT CRETE

THE NAME SAYS IT ALL



JOB SAFETY & MATERIALS APPLICATION RECORD FOR WARRANTY

This document must be returned to Gilt Edge Industries Ltd to initiate and validate warranty. Complete 1 form for each day of work and each material used.

PROJECT NAME & ADDRESS:

CUSTOMER NAME & ADDRESS:

APPLICATION CONTRACTOR NAME:

ADDRESS:

TELEPHONE:

EMAIL:

INSTALLERS NAMES & CELLPHONES:

NAME OF PROTECT CRETE PRODUCT APPLIED:

DATE OF APPLICATION:

FROM:

TO:

NAME OF AREAS COVERED, SUPPORTED BY SKETCH PLAN ATTACHED TO THIS FORM:

RECORD AREA COVERED IN SQUARE METERS:

RECORD AMOUNT OF PRODUCT USED IN LITRES:

RECORD BATCH NUMBERS FROM RIM OF PAIL:

OPERATING PROCEDURES & SAFETY CHECK LIST:

Please Tick Box

- | | |
|--|--|
| 1. All employees receive site induction: | |
| 2. Check valid electrical tags & machine logs: | |
| 3. Visual equipment check: | |
| 4. Work area defined & access safe: | |
| 5. Leads on up-stands: | |
| 6. Hard hats, vests, gloves, safety glasses, steel-capped boots: | |
| 7. No other trades in defined area: | |
| 8. Area clear of trip hazards: | |
| 9. Monitor any overspray drift: | |
| 10. Broom out and/or remove any excess product: | |
| 11. Dismantle safety barrier and clean area for hand-back: | |

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