A copy of this form **MUST** be attached to the outer packaging of the PPE. Failure to attach or incomplete the form will result in PPE being returned at cost to client.



## **Service Request**



First N	Name* Surname*		
Email	I Address*	Phone	Number*
Addre	ess*		
Street Add	dress Su	ıburb	)
Town / City	ty	]	Postcode
Produ	uct detail*		
Item Descr	scintion		
$\square$			
5	Service PPE Inspection Repair	PO number:	
De	eclaration*		
1.	Has the Height Safety Equipment been in contact with asbe	estos?	YES NO
	If <b>YES</b> , the PPE must be cleaned in accordance with Person Equipment (PPE) When Working with Asbestos Guidance.	al Protective	
2.	Have any hazardous substances, such as carcinogens, corr	osives, irritants,	
	solvents, toxic agents, and biological hazards, come into co the PPE? If <b>YES</b> , please specify:	ntact with any of	YES NO
3.	Has the PPE been cleaned in accordance with manufacture	r's instruction?	YES NO

DISCLAIMER - ZERO Height Safety retains the right to assess and handle PPE that has been exposed to hazardous substances, provided that the PPE undergoes thorough cleaning in accordance with relevant guidelines. When working with asbestos, PPE must be decontaminated by vacuuming with a brush attachment on a vacuum cleaner. After vacuuming, the PPE should be wiped with a disposable, damp cloth. ZERO Height Safety has the right to refuse service for any PPE that has not been cleaned in accordance with the manufacturer's instructions and regulatory guidance. Additional charges will be incurred for any PPE that requires further cleaning prior to inspection.

I acknowledge that I have read and understood the terms regarding ZERO Height Safety's authority to assess and manage PPE.\*

ZERO Height Safety (NZ/AU) Limited 16 Waimakariri Park Drive, Kainga, Christchurch 8083 (+64) 3 357 0093 sales@zeroheightsafety.com zeroheightsafety.com

Signature*
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