Issue Resolution
DI-NOC

DESIGNTEX

Date

_____

Project Information

Sales representative

_____

Has the sales rep visied or plan to visit the site?

    Yes   No

Customer name

_____

Customer contact

_____

Customer email

_____

Customer phone number

_____

Project name

_____

Project location

_____

Brief description of issue

_____
_____
_____

Product/Site Information

DI-NOC pattern number

_____

Order no.

_____

Invoice no.

_____

Date of order

_____

Name of company that placed the order with Designtex

_____

Installer company name

_____

Number of installers

_____

Installer name(s) (first and last)

_____

Address of install

_____

Date of install

_____

Total square feet showing an issue

_____

End use (i.e. wall, ceiling, casework, millwork, furniture, columns, etc.)

_____

Substrate (i.e. wood, metal, drywall, high pressure laminate, etc.)

_____

Interior or exterior?

_____

Climate controlled?

    Yes   No

Permanent lighting installed?

    Yes   No

Installation Information

Tools used

_____

For drywall only, was a wallcovering adhesive used?

    Yes   No

If yes, brand and model

_____

Paste wall or material?

_____

Primer/sealer used (brand and model)

_____

Roller nap (¼, 3/8, ½, etc.)

_____

Date of primer/sealer application

_____

Adhesion promoter?

    Yes   No

If yes, brand and model

_____

Was the surface cleaned with IPA?

    Yes   No

If yes, date of cleaning

_____

Adhesion test result?

_____

For drywall only, level 4 or 5?

_____

Form continues

Cleaning Protocol

Cleaner(s)

MSDS provided?

Yes   No

How often is cleaner(s) used?

Do they rinse?

Yes   No

Disinfection Protocol

Disinfectant(s)

MSDS provided?

Yes   No

How often is disinfectant(s) used?

Do they rinse?

Yes   No

Additional comments