

Date

Project Information

Sales representative

Has the sales rep visited 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

Product name (include color)

Product pattern number (include color)

Order no.

Invoice no.

Date of order

Name of company that placed the order with Designtex

Furniture manufacturer

Model name or number

Type of installation (i.e. office, hospital)

Location of furniture item (i.e. waiting room, emergency room)

Date of Installation

Number of chairs on site with this product?

How many chairs have this issue?

Photos attached?

Yes No

Is a sample available? (i.e. roll or cushion)

Yes No

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
