

Date

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**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

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**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

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

Location of wallcovering (i.e. waiting room, emergency room)

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Date of installation

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Have the instructions been read?

Yes No

Permanent lighting installed?

Yes No

What type of lighting?

Primer/sealer used (brand and model)?

Adhesive used (brand and model)?

Paste wall or material?

Is a pasting machine being used?

Yes No

Installation Method:

Reversed or Straight

Overlapped and double cut or Table trimmed and butt seamed

Are the rolls being installed in sequential order?

Yes No

Was the water changed frequently and a clean sponge used?

Yes No

How have they attempted to solve the issue?

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Photos attached?

Yes No

Is a sample available? (i.e. roll or 3 drops)

Yes No

**Cleaning Protocol**

Cleaner(s)

MSDS provided?

Yes No

How often is cleaner(s) used?

Do they rinse?

Yes No

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**Disinfection Protocol**

Disinfectant(s)

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MSDS provided?

Yes  No

How often is disinfectant(s) used?

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Do they rinse?

Yes  No

Additional comments

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