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SERVICE REQUEST

CUSTOMER INFORMATION

Agency: _____ Contact Name: _____
 Address: _____
 Email: _____ Phone: _____ Fax: _____

BILLING INFORMATION

PO Number: _____ Name on Card: _____
 Credit Card: Visa MC AE Expiration Date: _____ Security Code: _____
 CC #: _____ Run Card at time of: Order Shipment One Charge Only

ECMS does not EVER knowingly accept gear for cleaning, inspection or repair that is suspected of exposure to certain contaminants, including but not limited to CBRN Terrorism Agents, Magnesium, Liquid PCBs, C. Difficile, and Ebola. If uncertain if ECMS is able to accept your gear, please contact your nearest ECMS service facility.

Please note: Federal OSHA and the ECMS OSHA compliance program requires all PPE to be cleaned before employees are able to perform inspections and/or repairs. If a soil transfer test indicates the presence of contaminants, a cleaning charge will be added to the service order.

Element(s) cleaned prior to delivering to ECMS (pending verification)

KNOWN EXPOSURE Bio/Blood _____ MRSA _____ Asbestos _____ Other _____
 (specify)
 REQUIRES CLEANING Quantity: _____ Pants: _____ Coats: _____ Other: _____
 REQUIRES REPAIR Quantity: _____ Pants: _____ Coats: _____ Other: _____
 REQUIRES INSPECTION & REPAIR Details: _____

REQUIRES ALTERATIONS

Coat Length: Lengthen Shorten How much? _____
 Sleeves: Lengthen Shorten How much? _____
 Pant Inseam: Lengthen Shorten How much? _____
 Pant Waist: Lengthen Shorten How much? _____

NAME / LETTER PATCH

Add name patch: _____ **Name(s)**
 Sew-on Style: _____ **Location**
 Velcro Style: _____ **Location**
 Hanging Style

Please use accompanying diagrams to further describe alterations and name/letter patch details.

Letter color: Lime/Yellow Red/Orange
 Size: 2" 3"

Additional Notes: _____

