



**Authorized Representative:**

**FLOOR SAFETY MAINTENANCE PROGRAM™ & SERVICE PLAN**

Name:		Contact:	Title:
Address:			Safety Rep:
City:	State:	Post Code:	E-Mail Address:
Telephone:		Fax:	

**ANTI-SLIP FLOOR TREATMENT:**

Initial treatment date: \_\_\_\_\_ Total square metre treated: \_\_\_\_\_

Initial Slip Alert™ value: \_\_\_\_\_ SRV Indicative value \_\_\_\_\_ BPN

**FLOOR SAFETY INSPECTION PLAN:**  Monthly  Quarterly

**FLOOR SAFETY SERVICE SCHEDULE:**

1. Staff Training on: \_\_\_\_\_  
(dd / mm / yy)
2. Inspections on or about the \_\_\_\_\_ day of each month / quarter.  
(Please circle selection made)
3. Clean Step™ / Maintenance Solution™ Delivery: \_\_\_\_\_ per month / quarter.  
(Please circle selection made)
4. Dispenser Included:  Yes  No      Spray Bottles: \_\_\_\_\_

The Safe Solution® Anti-Slip Treatment System is an application of specific products to hard mineral surfaces which increases the traction on the surface being treated. By signing this Floor Safety Maintenance Program™ & Service Plan, I/We acknowledge that the treatment provided increases traction to the surface being treated and further, the longevity and continued effectiveness of the anti-slip treatment will be affected by the carefulness of ongoing regular cleaning with approved cleaners and methods.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**This 'Floor Safety Maintenance Program™ & Service plan' shall be renewed at each Safe Solution® rejuvenation.**

Inspections will determine when the floor surface will require rejuvenating.

