

SAWSTOP TABLE SAW BLADE REPLACEMENT PROGRAM APPLICATION



YOU MAY BE ELIGIBLE for a **FREE CARTRIDGE** if you had a legitimate cartridge activation, caused by wet wood or contact with skin.

COMPLETE THE FOLLOWING APPLICATION AND purchase a new blade then send us an invoice and we will reimburse you

Please complete each field below. **BE SURE TO PRINT CLEARLY.**

School district name: _____

Shop location: _____ Contact phone number: _____

Date of occurrence: _____ Time of day: _____

Name of person using the saw: _____ Injury Occurred?: Yes No

Type of cut performed and material dimensions: _____

Were both the blade guard and riving knife/splitter in place? Yes No

Type of blade used: 10" standard 8" dado

other type of saw: industrial cabinet saw professional cabinet saw contractor saw jobsite saw _____

EMAIL THIS COMPLETED FORM and invoice TO Emily Knaus <eknaus@sdao.com>
She will reimburse you as soon as possible

SDAO Main Office
PO Box 12613
Salem, OR 97309-0613
Toll Free: 800-285-5461
Salem Area: 503-371-8667
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QUESTIONS? CALL PACE Risk Management 800-285-5461