

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/receipt 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: Industrial Cabinet Saw Professional Cabinet Saw Jobsite Saw _____

EMAIL THIS COMPLETED FORM and a copy of your invoice/receipt to memberservices@sdao.com for reimbursement. You can also mail to:

SDAO SawStop
PO Box 12613
Salem, OR 97309-0613

QUESTIONS? CALL PACE Risk Management

Toll Free: 800-285-5461 | Salem Office: 503-371-8667 | Fax: 503-371-4781

PACE
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