

FLOOR SAFETY PROGRAM®
SERVICE PLAN

Customer Name: _____ Date: _____

Customer Address: _____

ANTI-SLIP FLOOR TREATMENT:

Initial treatment date: _____ Total square feet treated: _____

FLOOR SAFETY INSPECTION PLAN: Monthly Quarterly

FLOOR SAFETY SERVICE SCHEDULE:

1. Staff Training on: (mm / dd / yy) _____

2. Inspections on or about the _____ day of each month / quarter.

3. Multi Kleen™ delivered: _____ per month / quarter.

4. Dispenser Included: Yes No Spray Bottles: _____

The Safe Tile™ 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 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 may be affected by the diligence of ongoing regular cleaning with approved cleaners and methods.

Signature

Date

This 'Floor Safety Program® & Service plan' will be renewed with each Safe Tile™ rejuvenation. Inspections will determine when the floor surface will require rejuvenating

Tile Safe Products

FLOOR SAFETY INSPECTION REPORT

DATE:	CUSTOMER NAME:	CONTACT NAME:
PHONE:	FAX:	EMAIL:
JOB ADDRESS:		
AREA TREATED:	AREA SIZE (SQ FT):	INSPECTED BY:

VISUAL AND PHYSICAL INSPECTION

Please circle **O** appropriate item

- 1. Are Brooms, buckets & mops present? **Yes** **No** If Yes: Clean Greasy Dirty
- 2. Are mops & brooms in good condition? **Yes** **No** If No: Worn Damaged
- 3. Does the grout and tile appear in good condition? **Yes** **No** If No: Broken Missing
- 4. Is Multi Kleen™ being used? **Yes** **No** If No: **Name of Product** _____
- 5. Are proper cleaning procedures being followed? **Yes** **No** If No: See Recommendations
- 6. Were unacceptable cleaners present? **Yes** **No** If Yes: Abrasives Powders Bleach
- 7. Is a training session with cleaning staff recommended? **Yes** **No** If Yes: Please arrange appropriate time:
Day_____ Month_____ Year 20_____

SLIP RESISTANCE CONDITION OF SAFE TILE™ PROTECTED SURFACE

Please √ Check appropriate box:

- 10. Initial slip-resistance test (Use water only): Excellent Good Fair Poor
- 11. Final slip-resistance test (Use Multi Kleen™ diluted 10:1) Excellent Good Fair Poor
- 12. Did slip-resistance recover when cleaned with Multi Kleen™? **Yes** **No**
(If No then floor may require rejuvenating, see recommendations)
- 13. Does floor require machine cleaning with rotary floor scrubber? **Yes** **No**
- 14. Does floor require rejuvenating? **Yes** **No** If Yes: Please arrange appropriate time:
Day_____ Month_____ Year_____

RECOMMENDATIONS:

Inspector Signature _____ Customer Signature _____