## GCS FIREFIGHTER PPE CLEAN AND REPAIR FORM

FORM	00	03
09/25/10	11	4G



## FOR GCS USE ONLY

Work Order:	Purchase Order:	
Contact:	Phone:	

Taking Care of the Gear that Takes Care of You.

CUSTOMER INFORMATION								
Department:	ent: Date:							
First and Last Name:			ID Nur	ID Number:				
Rank:			Station	Station:				
Shift:								
Fill out to the best of your knowledge as the information will be used for tracking purposes and NFPA reports supplied to your department.								
	l	PPE ITE		N (Check	All That Apply)			
Item	QTY	Advance Cleaning (Includes Inspection)	Inspection	Repair	Please Note Misc.	Approval Needed (Before Repairs)		
Bunker Coat					DRD Yes NO	Yes NO		
Bunker Pant					Susp. Yes NO	Yes NO		
Hood						Yes NO		
Helmet						Yes NO		
Gloves						Yes NO		
Boots						Yes NO		
Mask						Yes NO		
Gear Bag						Yes NO		
Do Not include any miscellaneous Items inside pockets, as GCS will not be responsible for items not being returned.  Indicate Any Repairs Found That Need Particular Attention Or Any Special Instructions:								
Tag No.						Tag No.		
Signature:  By signing you have verified that all items stated above have been sent in for cleaning and repair.  Any Paper work not filled out will not be processed.								
Method Of De	elivery:	GCS GCS [	Delivery	O 🔯 UPS	S Delivery	Customer Pick Up		