



SERVICE REQUEST PROTOCOL

1. SPECIFIC NAME OF THE CLIENT ORDERING THE SERVICE:

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2. ADDRESS WHERE THE DEVICE IS INSTALLED:

3. TYPE OF THE HANDRAILS: 4. LENGTH OF THE HANDRAILS: 5. COLOUR OF THE HANDRAILS

..... LEFT:..... RIGHT:.....

6. THE MANUFACTURER OF THE DEVICE: 7. SERIAL NUMBER:

8. SERVICE OPERATION DATE:

COMMENCEMENT DATE: ENDING DATE:

9. POSITION OF THE TENSION CONTROL AFTER REPLACEMENT (UPPER/MIDDLE/LOWER)

10. CONTROL OF THE DEVICE WORK AFTER HANDRAIL REPLACEMENT

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11. REMARKS:.....

ENGINEER'S SIGNATURE
HANDRAIL-SERVICE SP. Z O.O.

CLIENT'S SIGNATURE:

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