

EASY ORDER FORMS

DO NOT REMOVE FOR CITY, STATE AND FIRE INSURANCE INSPECTION

FULL WT. DOT CERT.

Six Year Maintenance Record
Your Company Name
Your Street Address • Your City, ST Zip
Your Phone Number

Permit No.

HEALTH 1
FLAMMABILITY 0
REACTIVITY 0

In Case of Fire, Pull Here to Activate Fire Suppression System
For Service, call
GLOBAL FIRE INC.
Phone 239-417-3473 (FIRE)

HYDROSTATICALLY TESTED
by
Your Excellent Fire Safety Company
1-800-828-9678
DOT LIC. NO.
Month Pressure Year
PSI

EMERGENCY LIGHTING TEST RECORD
PER NFPA 101-NFPA 70 AND OSHA 29CFR1910
Heiser
800.828.9638

DONOT REMOVE PER ORDER OF THE STATE FIRE MARSHAL
Certificate of Performance
Heiser
800.828.9638 - WWW.HEISERUSA.COM

Your Company Name
Your Address Here
Your Phone Number Here

2025
NEFS
2025
DO NOT REMOVE
YOUR COMPANY NAME
YOUR PHONE/LICENSE #
YOUR LOGO
Your Phone #

Custom Imprinted Labels Easy Order Form



Company Name: _____
 Address: _____
 E-mail: _____

Purchase Order: _____
 Ordered by: _____
 Phone: _____
 Fax: _____

QTY	Part #	Description
	121S	Custom Hydrostatic Proof Pressure Test Label - Metalized 3½"W × 2¼"H (100/roll)
	121SM	Custom Hydrostatic Proof Pressure Test Label - Matte 3¼"W × 2½"H (100/roll)
	122	Custom Conductivity Test Label - Matte 3"W × ¾"H (300/roll)
	122NC	Blank Conductivity Test Label - Matte 3"W × ¾"H (300/roll)
	122AR	Agent Replaced Label - Matte, 3"W × ¾"H (300/roll)
	123	Custom California Hydrostatic Test Label - Metalized 3¼"W × 2¼"H (100/roll)
	123DOT	Custom California DOT Hydrostatic Test Label - Metalized 3¼"W × 2¼"H (100/roll)
	123M	Custom California Hydrostatic Test Label - Matte 3¼"W × 2½"H (100/roll)
	123V	Custom California Hydrostatic Test Label - White Vinyl 3¼"W × 2¼"H (100/roll)
	124	Custom Six Year Maintenance and Hydrostatic Test Label - Metalized, 3½"W × 2¼"H (100/roll)
	124M	Custom Six Year Maintenance and Hydrostatic Test Label - Matte 3¼"W × 2½"H (100/roll)
	124NC	Blank Six Year Maintenance and Hydrostatic Test Label - Metalized, 3¼"W × 2½"H (250/roll)
	124V	Custom Six Year Maintenance and Hydrostatic Test Label - White Vinyl, 3¼"W × 2½"H (100/roll)
	125	Custom Six Year Maintenance Record Label - Metalized 3½"W × 2¼"H (100/roll)

QTY	Part #	Description
	125M	Custom Six Year Maintenance Record Label - Matte 3¼"W × 2½"H (100/roll)
	125TX	Custom Six Year Maintenance Record Label - Blue Vinyl 3½"W × 2¼"H (100/roll)
	126	Custom Low Pressure Hydrostatic Test Label - Metalized 3½"W × 2¼"H (100/roll)
	126M	Custom Pressure Hydrostatic Test Label - Matte 2½"L × 3¼"W (100/roll)
	126V	Custom Pressure Hydrostatic Test Label - White Vinyl 3¼"W × 2½"H (100/roll)
	128	Custom Service Label - Metalized, 3½"W × 2¼"H (100/roll)
	128B	Custom Service Label - Bond, 3"W × 2"H (100/roll)
	128M	Custom Service Label - Matte, 3¼"W × 2½"H (100/roll)
	128V	Custom Service Label - Vinyl, 3"W × 2"H (100/roll)
	129	Custom Service Tag Label - Metalized, 3½"W × 2¼"H (100/roll)
	129C	Custom Service Label - Vinyl, White 2⅝"W × 5¼"H (1,000/roll)
	129F	Custom Florida Service Label - Vinyl, White, 2⅝"W × 5¼"H (1,000/roll)
	129M	Custom Service Tag Label - Matte, 3¼"W × 2½"H (100/roll)
	SCBA	SCBA Test Label - Matte, 2¼"Dia. (100/roll)
	SCBAC	Custom SCBA Test Label - Matte, 2¼"Dia. (100/roll)
	127	Custom Emergency Light Test Label - Vinyl, White, 3½"W" × 1 ¾"H (100/roll)

Company Name: _____
 Address: _____
 City, State Zip Code: _____
 Phone: _____
 License/Permit #: _____
 RIN #: _____
 Tester/Serviced by: _____

Please Note:
No more than 26 characters per line

Enter text exactly as you would like it to appear on the label.

Custom Imprinted Labels Easy Order Form



Hydrotested by: _____

Your Company Name
Your Street Address • City, ST Zip
Your Phone Number

-MONTH- -RIN- -YEAR- **S**

1 2 3 4
5 6 7 8
9 10 11 12

-Test Pressure-
300 • 350 • 390 • 450 • 480 • 500 • 720 • 900 • 1000

121S

Hydrotested by: _____

Your Company Name
Your Street Address • City, ST Zip
Your Phone Number

-MONTH- -RIN- -YEAR- **S**

1 2 3 4
5 6 7 8
9 10 11 12

-Test Pressure-
300 • 350 • 390 • 450 • 480 • 500 • 720 • 900 • 1000

121SM

17 18 CONDUCTIVITY TEST LABEL
19 20 Technician: _____
J F M A M J J A S O N D

122

17 18 AGENT REPLACED
19 20 Technician: _____
J F M A M J J A S O N D

122AR

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

6 YEAR MAINTENANCE HYDROSTATIC TEST

Your Company Name
Street Address • City, ST Zip
PHONE NUMBER

E#:

1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0

123

2022	2023	2024	2025	2026
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50
51	52	53	54	55
56	57	58	59	60

HYDROSTATICALLY TESTED AT PSI S MOOVED TEST

1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0

123DOT

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

6 YEAR MAINTENANCE HYDROSTATIC TEST

Your Company Name
Street Address • City, ST Zip
PHONE NUMBER

E#:

1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0

123M

2022	2023	2024	2025	2026
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50
51	52	53	54	55
56	57	58	59	60

HYDROSTATICALLY TESTED AT PSI

1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0

123V

6-YEAR MAINTENANCE HYDROSTATIC TEST

YOUR COMPANY NAME
Your Street • Your City, State, Zip
Your Phone Number

TESTER: _____
TESTED TO (PSI) _____
month 1 2 3 4 5 6 7 8 9 10 11 12

124

Six Year Maintenance Record

Your Company Name
Your Street Address • City, ST Zip
Your Phone Number

RHIN _____
by _____ Permit No. _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

124M

Six Year Maintenance Record

Your Company Name
Your Street Address • City, ST Zip
Your Phone Number

RHIN _____
by _____ Permit No. _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

124NC

6 YR. MAINT. HYDRO TEST

Tested 1 2 3 4 5 6 7 8 9 0
To 1 2 3 4 5 6 7 8 9 0
(PSI) 1 2 3 4 5 6 7 8 9 0

TESTER: _____
MONTH 1 2 3 4 5 6 7 8 9 10 11 12

124V

Six Year Maintenance Record

Your Company Name
Your Street Address • City, ST Zip
Your Phone Number

RHIN _____
by _____ Permit No. _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

125

Six Year Maintenance Record

Your Company Name
Your Street Address • City, ST Zip
Your Phone Number

RHIN _____
by _____ Permit No. _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

125M

Six Year Maintenance Record

Your Company Name
Your Street Address • Your City, ST Zip
Your Phone Number

RHIN _____
by _____ Permit No. _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

125TX

Low Pressure Hydrostatic Test Record

Your Company Name
Street Address • City, ST Zip
PHONE NUMBER

by _____ Permit No. _____

TESTED 1 2 3 4 5 6 7 8 9 0
TO 1 2 3 4 5 6 7 8 9 0
(PSI) 1 2 3 4 5 6 7 8 9 0

TESTER: _____
MONTH 1 2 3 4 5 6 7 8 9 10 11 12

126

Low Pressure Hydrostatic Test Record

Your Company Name
Street Address • City, ST Zip
PHONE NUMBER

by _____ Permit No. _____

TESTED TO (PSI) _____
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

126M

Low Pressure Hydrostatic Test Record

By _____ Permit No. _____

Tested 1 2 3 4 5 6 7 8 9 0
To 1 2 3 4 5 6 7 8 9 0
(PSI) 1 2 3 4 5 6 7 8 9 0

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

126V

Serviced and Maintained by

Your Company
Street Number, State & Zip
Your Phone Number

128

For Prompt Service, Call
YOUR PHONE NUMBER

YOUR COMPANY
Your Street Address
Your City, State, and Zip

128B

Serviced and Maintained by

Your Company
Street Number, State & Zip
Your Phone Number

128M

For Prompt Service, Call
YOUR PHONE NUMBER

YOUR COMPANY
Your Street Address
Your City, State, and Zip

128V

Serviced By: _____ Permit # _____

Expires in _____
 6 Months 12 Months from Date Punched

New Maintenance Recharged

129

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
FE 36	1211	1301	DRY POWDER	HALDORIK 1							
CLEAN AGENT	WET AGENT	K-CLASS	WATER	SYSTEM							
LOADED STREAM	PUMP	PURPLE K	PRESSURE								
ABC	ANTI-FREEZE	FOAM	CARTIDGE	CO2	DRY CHEM						
NEW	MAINTENANCE	RECHARGED	EXPIRES IN 6 MONTHS	12 MONTHS							

DO NOT REMOVE

129F

REQUALIFICATION

CTL

HYDROSTATICALLY TESTED

by _____
Your Company
Your Street Address
City, State, Zip
Phone Number
DOT LIC. NO. _____

Month _____ Year _____
PSI _____
Pressure _____

SCBAC

EMERGENCY LIGHTING TEST RECORD

Per. nos. 101-1004 70 and 1004-201010

TESTED BY: _____

EXPIRES IN 12 MONTHS FROM DATE PUNCHED

New Bulbs Battery Light Test Service

127

Custom Vinyl Fire Extinguisher Signs Easy Order Form



Company Name: _____
 Address: _____
 E-mail: _____

Purchase Order: _____
 Ordered by: _____
 Phone: _____
 Fax: _____

QTY	Part#	Custom Vinyl Adhesive Signs
	S107CUS	Custom Fire Extinguisher Inside Self-Adhesive Vinyl Sign, 4"W x 4"H
	S140CUS	Custom Fire Extinguisher Arrow Self-Adhesive Vinyl Sign, 4"W x 18"H
	S180CUS	Custom Fire Extinguisher Arrow Self-Adhesive Vinyl Sign, 4"W x 12"H

*Minimum Quantities Apply

Company Name _____
 Address Line 1 _____
 Address Line 2 _____
 City _____ State _____ Zip Code _____
 Phone _____
 Website _____
 Email _____



S140CUS



S180CUS



S107CUS

Your Logo/Your Artwork included

If you want logos or artwork included on your signs, high quality digital files are preferred. You may email digital files to sales@heiserusa.com. You may also mail a sheet of letterhead, business

card, tag sample, or camera-ready art to Heiser Logistics, 35 North Street, Suite 50, Canandaigua, NY 14424. If you have any questions, please contact us at 1.800.828.9638 or sales@heiserusa.com.

Custom Vinyl Signs Easy Order Form



Company Name: _____
 Address: _____
 E-mail: _____

Purchase Order: _____
 Ordered by: _____
 Phone: _____
 Fax: _____

Background and Imprint Colors

<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> Y	<input type="checkbox"/> YG	<input type="checkbox"/> G	<input type="checkbox"/> BK
<input type="checkbox"/> LR	<input type="checkbox"/> LO	<input type="checkbox"/> LY	<input type="checkbox"/> LYG	<input type="checkbox"/> LG	<input type="checkbox"/> PMS #
<input type="checkbox"/> MR	<input type="checkbox"/> LMR	<input type="checkbox"/> W	<input type="checkbox"/> LGC	<input type="checkbox"/> GC	<i>Please note:</i> PMS# indicates a specific color in the Pantone Matching System. If you would like your sign with rainbow colors, please write "rainbow" in the space below
<input type="checkbox"/> LM	<input type="checkbox"/> LMB	<input type="checkbox"/> LB	<input type="checkbox"/> LCB	<input type="checkbox"/> LC	
<input type="checkbox"/> M	<input type="checkbox"/> MB	<input type="checkbox"/> B	<input type="checkbox"/> CB	<input type="checkbox"/> C	

Line 1: _____
 Line 2: _____
 Line 3: _____
 Line 4: _____

1 Choose your sign colors / PMS numbers

Background _____ Text _____

2 Enter the text you want on each line (Please enter it exactly as you wish it to appear)
 If you need more lines, please show them in the box (above right)

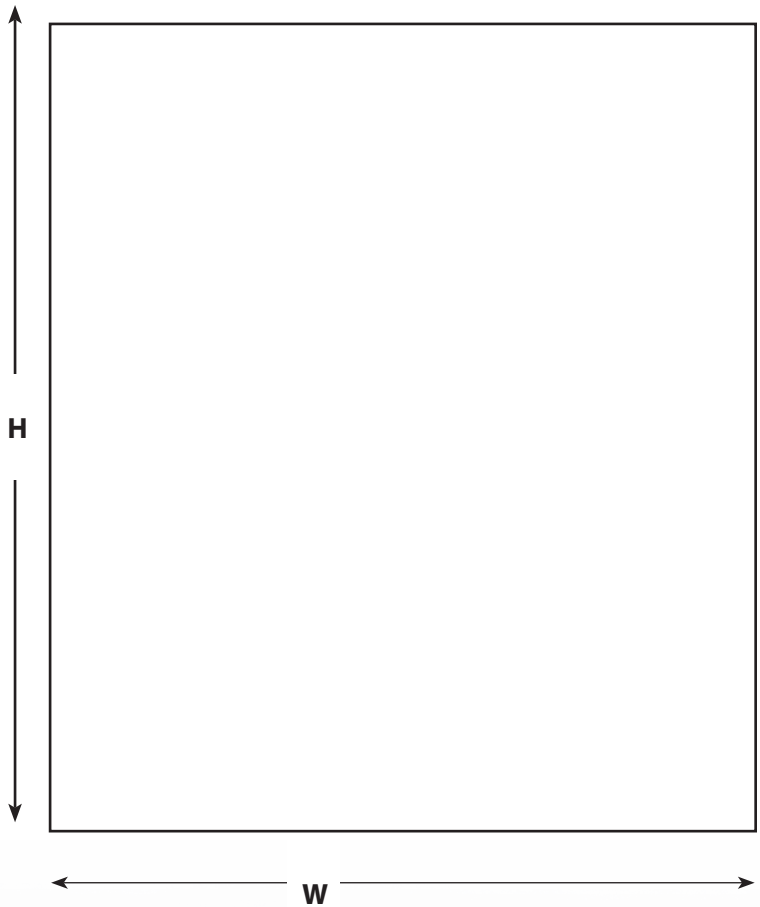
3 Choose the orientation you want

P **L**

4 Choose the dimensions you want
 _____ W x _____ H

5 Draw the design or layout you want in the box (above right) or indicate below if you have included your logo or artwork

6 Indicate the number of signs you want (minimum quantities apply)



Your Logo/Your Artwork included

If you want logos or artwork included on your signs, high quality digital files are preferred. You may email digital files to sales@heiserusa.com. You may also mail a sheet of letterhead, business card, tag sample, or camera-ready art to Heiser Logistics, 35 North Street, Suite 50, Canandaigua, NY 14424. If you

have any questions, please contact us at 1.800.828.9638 or sales@heiserusa.com.

Custom & Date Imprinted Seals Easy Order Form



Company Name: _____
 Address: _____
 E-mail: _____

Purchase Order: _____
 Ordered by: _____
 Phone: _____
 Fax: _____

- 1** Choose your seal type and color
- 2** Choose your imprint color
- 3** Indicate how many packs of seals you want (All seals are sold in packs of 500)
- 4** Choose the side you prefer for your logo imprint. For 1-sided seals, choose only one box. For 2-sided seals, choose one box each for flat and bump sides

Flat Side: Logo Date

Bump Side: Logo Date

Note: Die charge applies to all first-time Custom Seal orders (does not apply to Dated Seals, Part 601__).



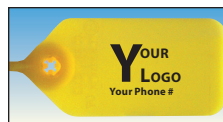
Seal Color Chart

Seal Color	Part # 1-Sided Custom Seals	Part # DatedSeals	Part # 2-Sided Custom Seals
Yellow	<input type="checkbox"/> 401__	<input type="checkbox"/> 601__	<input type="checkbox"/> 701__
Blue	<input type="checkbox"/> 401B__	<input type="checkbox"/> 601B__	<input type="checkbox"/> 701B__
Red	<input type="checkbox"/> 401R__	<input type="checkbox"/> 601R__	<input type="checkbox"/> 701R__
White	<input type="checkbox"/> 401W__	<input type="checkbox"/> 601W__	<input type="checkbox"/> 701W__
Orange	<input type="checkbox"/> 401O__	<input type="checkbox"/> 601O__	<input type="checkbox"/> 701O__
Green	<input type="checkbox"/> 401G__	<input type="checkbox"/> 601G__	<input type="checkbox"/> 701G__
Black	<input type="checkbox"/> 401BK__	<input type="checkbox"/> 601BK__	<input type="checkbox"/> 701BK__

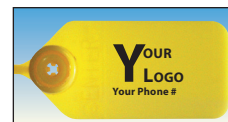
Imprint Color Chart

<input type="checkbox"/> Green GR	<input type="checkbox"/> Blue BL	<input type="checkbox"/> Red RD	<input type="checkbox"/> Silver SL
<input type="checkbox"/> Gold GD	<input type="checkbox"/> White WH	<input type="checkbox"/> Black BK	

Packs of 500 Seals



Flat Side

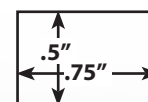


Bump Side

Your Logo/Your Artwork included

If you want logos or artwork included on your seals, high quality digital files are preferred. You may email digital files to sales@heiserusa.com. You may also mail a sheet of letterhead, business card, tag sample, or camera-ready art to Heiser Logistics, 35 North Street, Suite

50, Canandaigua, NY 14424. If you have any questions, please contact us at 1.800.828.9638 or sales@heiserusa.com.



Imprint area is .5" x .75".

Custom Service Tags / Labels Easy Order Form



Company Name: _____
 Address: _____
 E-mail: _____

Purchase Order: _____
 Ordered by: _____
 Phone: _____
 Fax: _____

Order Type (choose 1)

- New order
- Repeat order with changes
- Repeat order, no changes

Please include a typed or clearly marked sample of the information (company name, address, phone, etc.) you want printed on your tags.

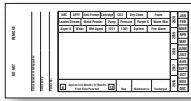
State Specification (choose 1)

- Standard
- GA
- MA (No Orange)
- NY
- AR (No Red)
- IL
- MT (No Red)
- OK
- CA
- KS
- NJ
- TX (No Red)
- FL
- LA
- NV
- UT
- Other (Explain) _____
- NAFED Style

Product Type

- Service Tag
- Service Tag, Weather-Resistant Polyester
- Service Label, Self-Adhesive Vinyl

Layout



Horizontal



Vertical

Tag/Label Information

Tag/Label Color/PMS* # _____ Imprint Color/PMS # _____

*Please note: PMS stands for Pantone Matching System, an industry standard for specifying colors. If you want the rainbow effect, please put "rainbow" for the tag/label color.

Company Name _____
 Address Line 1 _____
 Address Line 2 _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Cell _____
 Email _____

Tag /Label and Imprint Colors

<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> Y	<input type="checkbox"/> YG	<input type="checkbox"/> G	<input type="checkbox"/> BK
<input type="checkbox"/> LR	<input type="checkbox"/> LO	<input type="checkbox"/> LY	<input type="checkbox"/> LYG	<input type="checkbox"/> LG	<input type="checkbox"/> PMS #
<input type="checkbox"/> MR	<input type="checkbox"/> LMR	<input type="checkbox"/> W	<input type="checkbox"/> LGC	<input type="checkbox"/> GC	<input type="checkbox"/> GRADIENT
<input type="checkbox"/> LM	<input type="checkbox"/> LMB	<input type="checkbox"/> LB	<input type="checkbox"/> LCB	<input type="checkbox"/> LC	
<input type="checkbox"/> M	<input type="checkbox"/> MB	<input type="checkbox"/> B	<input type="checkbox"/> CB	<input type="checkbox"/> C	

Additional Options (Fill in the applicable numbers)

DOT / RIN # _____ License / Permit # _____
 CA Type & # _____ TX ECR _____
 Other _____ MA-CR _____
(name & number)

Start with Year _____ **Number of Years** _____
 20 _____

Your Logo/Your Artwork included

If you want logos or artwork included on your tags or labels, high quality digital files are preferred. You may email digital files to sales@heiserusa.com. You may also mail a sheet of letterhead, business card, tag sample, or camera-ready art to Heiser Logistics, 35 North Street, Suite 50, Canandaigua, NY 14424. If you have any questions, please contact us at 1.800.828.9638 or sales@heiserusa.com.

Part #	Description	# of Packs
ST1CSU	Custom Service Tag/Label Set-up Charge	
ST1P	Service Tag, Weather-Resistant Polyester, 2½"W × 5¼"H (100/pack)	
ST2P	Service Tag, Weather-Resistant Polyester, 2½"W × 5⅓"H (100/ pack)	
ST3P	Service Tag, Weather-Resistant Polyester, 2¾"W × 4¾"H (100/pack)	
ST4P	Service Tag, Weather-Resistant Polyester, 3"W × 5½"H (100/pack)	

Part #	Description	# of Packs
ST1C	Service Tag, 2½"W × 5¼"H (1,000/pack)	
ST2C	Service Tag, 2½"W × 5⅓"H (1,000/pack)	
ST3C	Service Tag, 2¾"W × 4¾"H (1,000/pack)	
ST4C	Service Tag, 3"W × 5½"H (1,000/pack)	
ST1LABP	Self-Adhesive Vinyl Service Label, 2½"W × 5¼"H (1,000/pack)	
ST3LABP	Self-Adhesive Vinyl Service Label, 2¾"W × 5⅓"H (1,000/pack)	
ST4LABP	Self-Adhesive Vinyl Service Label, 3"W × 5½"H (1,000/pack)	

Custom Service Reports Easy Order Form



Company Name: _____
 Address: _____
 E-mail: _____

Purchase Order: _____
 Ordered by: _____
 Phone: _____
 Fax: _____

Service Reports protect your company by providing a record of service

- 3-Part Carbonless
- 8½" W × 11" H
- 100 padded sets per pack

Order Type (choose 1)

- New order
- Repeat order with changes
- Repeat order, no changes

1 Choose your reports

2 Enter the text that you want on each line (Please enter it exactly as you wish it to appear)

3 Indicate how many packs of forms you want (All forms are sold in pads of 100 3-part sets)

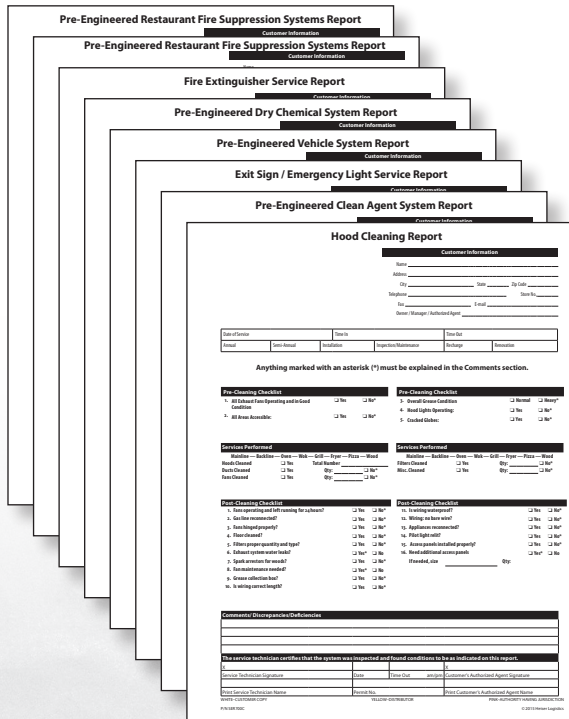
# of Packs	Part #	Description
	SER100C	Custom Pre-Engineered Restaurant Fire Suppression System Report
	SER100FC	Custom Florida Pre-Engineered Restaurant Fire Suppression System Report
	SER200C	Custom Fire Extinguisher Service Report
	SER300C	Custom Pre-Engineered Dry Chemical System Report
	SER400C	Custom Clean Agent System Report
	SER500C	Custom Vehicle System Report
	SER600C	Custom Exit Sign & Emergency Light Report
	SER700C	Custom Hood Cleaning Report
	ST1CSU	Custom Set-up Charge

Service Report Imprint Information

Company Name _____
 Address Line 1 _____
 Address Line 2 _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Cell _____
 Email _____

Additional Options (Fill in the applicable numbers)

DOT / RIN # _____ License / Permit # _____
 CA Type & # _____ TX ECR _____
 Other (name & number) _____ MA-CR _____



Your Logo/Your Artwork included

Color Black & White

If you want logos or artwork included on your tags or labels, high quality digital files are preferred. You may email digital files to sales@heiserusa.com. You may also mail a sheet of letterhead, business

card, tag sample, or camera-ready art to Heiser Logistics, 35 North Street, Suite 50, Canandaigua, NY 14424. If you have any questions, please contact us at 1.800.828.9638 or sales@heiserusa.com.

Custom Service Reports Easy Order Form



Custom Pre-Engineered Restaurant Fire Suppression System Report

Pre-Engineered Restaurant Fire Suppression Systems Report

Customer Information

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Store No. _____
Fax _____ E-mail _____
Owner / Manager / Authorized Agent _____

Date of Service _____ Time In _____ Time Out _____
Annual _____ Semi-Annual _____ Installation _____ Inspection/Maintenance _____ Recharge _____ Renovation _____

System Information

Manufacturer _____
System Name/Model _____
Manufacturer Manual Reference _____
System Type: Wet Chemical Dry Chemical
System Meets UL 300 Requirements: Yes No
Serial Number: _____
Cylinder Size(s): Master _____ Slave (s) _____
Cylinder Location(s): _____

System Information

Model # _____
System Name/Model Reference: _____
System Type: Wet Chemical Dry Chemical
System Meets UL 300 Requirements: Yes No
Cylinder Size(s): Master _____ Slave (s) _____
Cylinder Location(s): _____

System Checks

System Checks	Yes	No*	N/A
1. All appliances properly covered w/arcnet nozzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shut and glass cover w/arcnet nozzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Positioning of all nozzles checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. System installed in accordance w/IFC or listing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Head discharge operation tested w/IFC or listing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Checked for intact seals, evidence of tampering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has system has been discharged? report same	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pressure gauge in proper range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cartridge weight checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Cylinder and mount inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Operated system from terminal fusible link	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Tested for proper operation from manual remote pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Operation of micro switch checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Operation of fuel shut-off checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Nozzle clean and clear of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Proper nozzle cover in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Replaced fusible links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

Comments/Discrepancies/Deficiencies _____

The service technician certifies that the system was inspected and found conditions to be as indicated on this report.

Service Technician Signature _____ Date _____ Time Out _____
Print Service Technician Name _____ Permit No. _____ Print Customer's Authorized Agent Name _____

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Custom Florida Pre-Engineered Restaurant Fire Suppression System Report

Pre-Engineered Restaurant Fire Suppression Systems Report

Customer Information

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Store No. _____
Fax _____ E-mail _____
Owner / Manager / Authorized Agent _____

Date of Service _____ Time In _____ Time Out _____
Annual _____ Semi-Annual _____ Installation _____ Inspection/Maintenance _____ Recharge _____ Renovation _____

System Information

Manufacturer _____
System Name/Model _____
Manufacturer Manual Reference: _____
System Type: Wet Chemical Dry Chemical
System Meets UL 300 Requirements: Yes No
Cylinder Size(s): Master _____ Slave (s) _____
Cylinder Location(s): _____

System Information

Model # _____
System Name/Model Reference: _____
System Type: Wet Chemical Dry Chemical
System Meets UL 300 Requirements: Yes No
Cylinder Size(s): Master _____ Slave (s) _____
Cylinder Location(s): _____

System Checks

System Checks	Yes	No*	N/A
1. All appliances properly covered w/arcnet nozzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shut and glass cover w/arcnet nozzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Positioning of all nozzles checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. System installed in accordance w/IFC or listing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Head discharge operation tested w/IFC or listing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Checked for intact seals, evidence of tampering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has system has been discharged? report same	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pressure gauge in proper range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cartridge weight checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Cylinder and mount inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Operated system from terminal fusible link	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Tested for proper operation from manual remote pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Operation of micro switch checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Operation of fuel shut-off checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Nozzle clean and clear of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Proper nozzle cover in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Replaced fusible links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

Comments/Discrepancies/Deficiencies _____

The service technician certifies that the system was inspected and found conditions to be as indicated on this report.

Service Technician Signature _____ Date _____ Time Out _____
Print Service Technician Name _____ Permit No. _____ Print Customer's Authorized Agent Name _____

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Order Part # SER100C

Order Part # SER100FC

Custom Fire Extinguisher Service Report

Fire Extinguisher Service Report

Customer Information

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Store No. _____
Fax _____ E-mail _____
Owner / Manager / Authorized Agent _____

Date of Service _____ Time In _____ Time Out _____

#	Size	Type of Extinguisher	Hydraulic Test Date	4-Year Maintenance Date	Temp. Seal Replaced	Pressure Seal Filled	Weight Checked	Valve Inspected	Collar Inspected	Other	Comments
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

Comments/Discrepancies/Deficiencies _____

The service technician certifies that the system was inspected and found conditions to be as indicated on this report.

Service Technician Signature _____ Date _____ Time Out _____
Print Service Technician Name _____ Permit No. _____ Print Customer's Authorized Agent Name _____

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Order Part # SER200C

Custom Pre-Engineered Dry Chemical System Report

Pre-Engineered Dry Chemical System Report

Customer Information

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Store No. _____
Fax _____ E-mail _____
Owner / Manager / Authorized Agent _____

Date of Service _____ Time In _____ Time Out _____
Annual _____ Semi-Annual _____ Installation _____ Inspection/Maintenance _____ Recharge _____ Renovation _____

System Information

Model # _____
System Name/Model Reference: _____
System Type: Amerec Ansol Badger Kluge
 Pem-Ball Pave-Clam Other
 Total Flooding System Local Application System
 Single Double Triple Other

System Checks

System Checks	Yes	No*	N/A
1. System interlocked with building fire alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. System Discharged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All nozzles intact. No evidence of tampering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hazard properly covered w/arcnet nozzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Checked positioning of all nozzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Pressure gauge in proper range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Checked cartridge weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Checked pneumatic actuator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cylinder Hydraulic Test Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Inspect cylinder and mount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Operated system from terminal link	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Checked operation of electric detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Checked travel of cable and link position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fusible links, quantity of each	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Thermal detector, quantity of each	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Replaced fusible links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Checked and cleaned fusible links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Checked operation of manual release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

Comments/Discrepancies/Deficiencies _____

The service technician certifies that the system was inspected and found conditions to be as indicated on this report.

Service Technician Signature _____ Date _____ Time Out _____
Print Service Technician Name _____ Permit No. _____ Print Customer's Authorized Agent Name _____

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Order Part # SER300C

Custom Service Reports Easy Order Form



Custom Clean Agent System Report

Pre-Engineered Clean Agent System Report

Customer Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Store No.: _____
 Fax: _____ E-mail: _____
 Owner / Manager / Authorized Agent: _____

Date of Service: _____ Time In: _____ Time Out: _____
 Annual Semi-Annual Installation Inspection/Maintenance Recharge Renewal

System Information

Manufacturer: _____ P/N: _____
 Model Number: _____ Rev: _____
 Year of Manufacture: _____ Number of Detectors: _____
 Last Hydrostatic Test Date: _____ Battery Install Date: _____
 Last Recharge: _____ A/C Shut Down: _____
 Cylinder Serial Number(s): _____ Danger Shut Down: _____
 Number of Cylinders: _____ Equipment Shut Down: _____
 Cylinder Size(s): _____ Other: _____
 Pounds of Actual Cylinder Fill: _____

Annual / Semi-Annual Maintenance:	Yes	No	N/A	Annual / Semi-Annual Maintenance:	Yes	No	N/A
1. Agent quantity weight and pressure verified? (Minimum weight less 2% of fill weight.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Are warning signs placed on both inside and outside of each door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the hazard changed since the last System Inspection/Maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Was a full function test of system control, detection and removal performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the integrity of the room changed since the last System Inspection/Maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Did the bell, horn/strobe, key disconnect and alert switch perform correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have the actuators been removed prior to System Inspection/Maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Are the key disconnect, remote pull, releasing panel and actuators been reset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Any signs of damage to Control Panel, agent cylinders, brackets, detectors, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Does the releasing panel show any signs of trouble, irregularity or alarm signals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the agent cylinders, cylinder brackets, agent pipe and nozzle securely fastened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Are all detectors flashing green only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the "N" tagger activation line between multiple cylinders securely fastened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Have all cylinder actuators been properly installed on agent cylinder valves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all warning signs readable, undamaged and securely fastened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Has this system been inspected/maintained per NFPA 2005, Manufacturer requirements and local authority having jurisdiction specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/ Discrepancies/Deficiencies

The service technician certifies that the system was inspected and found conditions to be as indicated on this report.

Service Technician Signature: _____ Date: _____ Time Out: _____ am/pm Customer's Authorized Agent Signature: _____
 Print Service Technician Name: _____ Permit No.: _____ Print Customer's Authorized Agent Name: _____
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Order Part # SER400C

Custom Vehicle System Report

Pre-Engineered Vehicle System Report

Customer Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Store No.: _____
 Fax: _____ E-mail: _____
 Owner / Manager / Authorized Agent: _____

Date of Service: _____ Time In: _____ Time Out: _____
 Annual Semi-Annual Installation Inspection/Maintenance Recharge Renewal

System Information

Manufacturer: _____ System Name/Model: _____
 Year of Manufacture: _____ Year of Manufacture: _____
 Last Hydrostatic Test Date: _____ Last Recharge Date: _____
 Cylinder Serial Number(s): _____ Number of Cylinders: _____
 Cylinder Size(s): _____ Vehicle Make: _____ Vehicle Model: _____
 Vehicle ID Number: _____

Annual / Semi-Annual Maintenance:	Yes	No	N/A	Annual / Semi-Annual Maintenance:	Yes	No	N/A
1. Are the agent cylinder, cylinder brackets, agent pipe and nozzle securely fastened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you disconnected the agent hose network and blown air through agent line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the pressure levels in activation cartridge and agent cylinder in the green?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you inspected for hose/nozzle damage and replaced all damaged nozzle caps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the activation cartridge and agent cylinder free from restriction or corrosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you removed the actuator from the cylinders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you unplugged the electric actuator and plug in the TEST mode in the cylinder valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Have you checked the cartridge actuator button for proper movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you removed activation cartridge and placed a safety cap on cartridge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you blown air through the pneumatic activation line to verify actuator work properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have all the spot detectors being tested with a heat source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Does the control panel show any signs of trouble or alarm signals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the linear detection been tested by jumper wire or manual push button?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Have you disconnected vehicle power to test battery backup power?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you removed and inspected the electric control head for proper operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you disconnected electric actuator to cylinder and inspected activation cartridge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you inspected the cylinder valve spring for any damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Has this system been inspected/maintained per NFPA 2005, Manufacturer requirements and local authority having jurisdiction specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/ Discrepancies/Deficiencies

The service technician certifies that the system was inspected and found conditions to be as indicated on this report.

Service Technician Signature: _____ Date: _____ Time Out: _____ am/pm Customer's Authorized Agent Signature: _____
 Print Service Technician Name: _____ Permit No.: _____ Print Customer's Authorized Agent Name: _____
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Order Part # SER500C

Custom Exit Sign & Emergency Light Report

Exit Sign / Emergency Light Service Report

Customer Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Store No.: _____
 Fax: _____ E-mail: _____
 Owner / Manager / Authorized Agent: _____

Date of Service: _____ Time In: _____ Time Out: _____

Unit # Or Location	New Battery	New Lamps	New Unit	Other Components	NFPA	ICC	OTHER	BY
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

Comments/ Discrepancies/Deficiencies

The service technician certifies that the system was inspected and found conditions to be as indicated on this report.

Service Technician Signature: _____ Date: _____ Time Out: _____ am/pm Customer's Authorized Agent Signature: _____
 Print Service Technician Name: _____ Permit No.: _____ Print Customer's Authorized Agent Name: _____
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Order Part # SER600C

Custom Hood Cleaning Report

Hood Cleaning Report

Customer Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Store No.: _____
 Fax: _____ E-mail: _____
 Owner / Manager / Authorized Agent: _____

Date of Service: _____ Time In: _____ Time Out: _____
 Annual Semi-Annual Installation Inspection/Maintenance Recharge Renewal

Anything marked with an asterisk (*) must be explained in the Comments section.

Pre-Cleaning Checklist

1. All Exhaust Fans Operating and in Good Condition Yes No*
 2. All Areas Accessible Yes No*

Services Performed

Machines — Backline — Oven — Wash — Grill — Fryer — Pizza — Wood
 Hoods Cleaned Yes No* Total Number: _____ Qty: _____ No*
 Ducts Cleaned Yes No* Qty: _____ No*
 Fans Cleaned Yes No* Qty: _____ No*

Post-Cleaning Checklist

1. Fans operating and left running for 24 hours? Yes No*
 2. Gas line reconnected? Yes No*
 3. Gas bleed properly? Yes No*
 4. Floor cleaned? Yes No*
 5. Filters proper quantity and type? Yes No*
 6. Exhaust system operational? Yes No*
 7. Spark arrestors for woods? Yes No*
 8. Fan maintenance needed? Yes* No
 9. Grease collection best? Yes No*
 10. Is wiring correct length? Yes No*

Comments/ Discrepancies/Deficiencies

The service technician certifies that the system was inspected and found conditions to be as indicated on this report.

Service Technician Signature: _____ Date: _____ Time Out: _____ am/pm Customer's Authorized Agent Signature: _____
 Print Service Technician Name: _____ Permit No.: _____ Print Customer's Authorized Agent Name: _____
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Order Part #SER700C

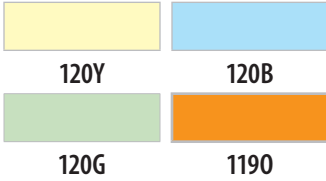
Custom Imprinted Hood Labels Easy Order Form



Company Name: _____
 Address: _____
 E-mail: _____







Purchase Order: _____
 Ordered by: _____
 Phone: _____
 Fax: _____

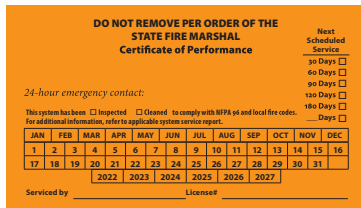
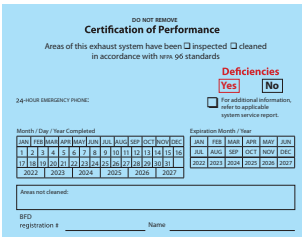
- 1** Choose your labels
- 2** Enter the text that you want on each line *(Please enter it exactly as you wish it to appear)*
- 3** Indicate how many packs of labels you want *(All labels are sold in packs of 100.)*



Standard Label Colors



Label	# of Packs	Part #	Description	
		119	Custom Hood Labels	5"W x 27/8"H
		1190	Custom Orange Non-Compliant Certificate of Performance Hood Labels	5"W x 27/8"H, meets NFPA 96 2008 edition & Massachusetts requirements
		119W	Custom White Compliant Certificate of Performance Hood Labels	5"W x 27/8"H, meets NFPA 96 2008 edition & Massachusetts requirements
		120	Custom Certificate of Performance Hood Labels	5 1/2"W x 4 1/4"H
		120B	Custom Blue Semi-Annual Certificate of Performance Hood Labels	5 1/2"W x 4 1/4"H, meets NFPA 96 2008 edition & Boston requirements
		120G	Custom Green Annual Certificate of Performance Hood Labels	5 1/2"W x 4 1/4"H, meets NFPA 96 2008 edition & Boston Requirements
		120W	Custom White Monthly Certificate of Performance Hood Labels	5 1/2"W x 4 1/4"H, meets NFPA 96 2008 edition & Boston requirements
		120Y	Custom Yellow Quarterly Certificate of Performance Hood Labels	5 1/2"W x 4 1/4"H, meets NFPA 96 2008 edition & Boston requirements



Your Logo/Your Artwork included

If you want logos or artwork included on your tags or labels, high quality digital files are preferred. You may e-mail digital files to sales@heiserusa.com. You may also mail a sheet of letterhead, business card, tag sample, or camera-ready art to Heiser Logistics, 35 North Street, Suite 50, Canandaigua, NY 14424.

If you have any questions, please contact us at 1.800.828.9638 or sales@heiserusa.com.

Company Name: _____
 Address: _____
 City, State Zip Code: _____
 Phone: _____
 License/Permit #: _____
 BFD#: _____
 Serviced by: _____

Custom Imprinted Verification of Service Collars Easy Order Form



Company Name: _____
 Address: _____
 E-mail: _____

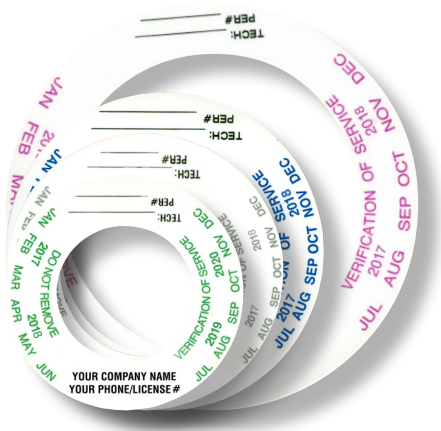
Purchase Order: _____
 Ordered by: _____
 Phone: _____
 Fax: _____

1 Choose your collars

2 Enter the text that you want on each line *(Please enter it exactly as you wish it to appear)*

3 Indicate how many rolls of collars you want *(All collars are sold in rolls of 100.)*

# of Rolls	Part #	Description
	142C	Custom Verification of Service Collar White w/Green Imprint, 13/8" ID
	143C	Custom Verification of Service Collar White w/Gray Imprint, 1¾" ID
	144C	Custom Verification of Service Collar White w/Blue Imprint, 21/8" ID
	145C	Custom Verification of Service Collar White w/Violet Imprint, 31/16" ID
	142CA	Custom California Verification of Service Collar White w/Green Imprint, 13/8" ID
	143CA	Custom California Verification of Service Collar White w/Gray Imprint, 1¾" ID
	144CA	Custom California Verification of Service Collar White w/Blue Imprint, 21/8" ID
	145CA	Custom California Verification of Service Collar White w/Violet Imprint, 31/16" ID



Please note:

California Collars (part #s 142CA, 143CA, 144CA, and 145CA) specify **Company Name** and **E Number**.

Standard Collars, (part #s 142C, 143C, 144C and 145C) specify **Company Name** and **Phone Number**

All collars are good for 4 years and meet the requirements of NFPA 10, 2007 edition.

Company Name: **no more than 26 characters** _____

E# or Phone: **no more than 20 characters** _____

Custom Imprinted Hazardous Materials Labels Easy Order Form



Company Name: _____
 Address: _____
 E-mail: _____

Purchase Order: _____
 Ordered by: _____
 Phone: _____
 Fax: _____

- 1** Choose your labels
- 2** Enter the text that you want on each line (Please enter it exactly as you wish it to appear)
- 3** Indicate how many rolls of labels you want (*All labels are sold in rolls of 100.*)

# of Rolls	Part #	Description
	HMC1	ABC - Custom HAZ-MAT (HMIS) Communication Labels
	HMC2	BC - Custom HAZ-MAT (HMIS) Communication Labels
	HMC3	CO2 - Custom HAZ-MAT (HMIS) Communication Labels
	HMC4	Halon - Custom HAZ-MAT (HMIS) Communication Labels
	HMC5	Water - Custom HAZ-MAT (HMIS) Communication Labels
	HMC6	Anti-Freeze - Custom HAZ-MAT (HMIS) Communication Labels
	HMC7	Purple K - Custom HAZ-MAT (HMIS) Communication Labels
	HMC8	Wet Chemical System - Custom HAZ-MAT (HMIS) Communication Labels
	HMC9	Custom Content - Custom HAZ-MAT (HMIS) Communication Labels
	HMC10	D - Custom HAZ-MAT (HMIS) Communication Labels
	HMC11	K - Custom HAZ-MAT (HMIS) Communication Labels



All Hazardous Materials Labels
are 2¾"W x 2½"H

Company Name: _____
 Address: _____
 City, State Zip Code: _____
 Phone: _____
 License/Permit #: _____

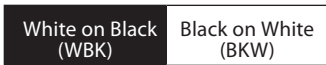
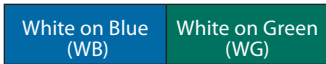
Custom Engraved Signs Easy Order Form



Company Name: _____
 Address: _____
 E-mail: _____

Purchase Order: _____
 Ordered by: _____
 Phone: _____
 Fax: _____

COLOR CODES



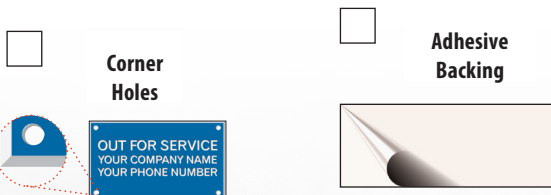
- Choose your sign color
- Enter the text you want on each line (Please enter it exactly as you wish it to appear)
- Choose the orientation you want



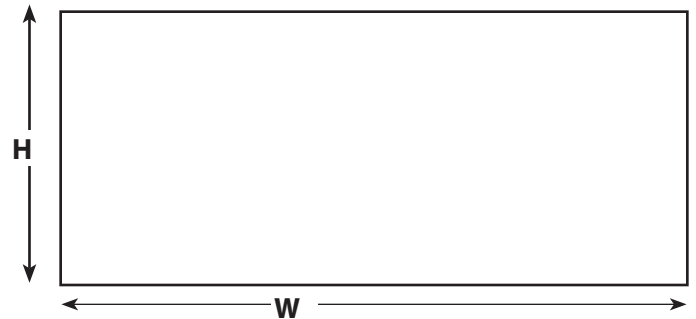
- Choose the dimensions you want
 _____ W x _____ H

- Draw the design or layout you want in the box (above right) or indicate below if you have included your logo or artwork

- Choose your mounting treatment



Line 1: _____
 Line 2: _____
 Line 3: _____
 Line 4: _____



# of Signs	Part#	Custom Engraved Signs with Pre-Punched Corner Holes
15	15__	Custom Engraved Sign up to 15 sq. in.
30	30__	Custom Engraved Sign up to 30 sq. in.
96	96__	Custom Engraved Sign up to 96 sq. in.
144	144__	Custom Engraved Sign up to 144 sq. in.
228	228__	Custom Engraved Sign up to 228 sq. in.
432	432__	Custom Engraved Sign up to 432 sq. in.
	Part#	Custom Engraved Signs with Foam Adhesive Backing
15	15__A	Custom Engraved Sign up to 15 sq. in.
30	30__A	Custom Engraved Sign up to 30 sq. in.
96	96__A	Custom Engraved Sign up to 96 sq. in.
144	144__A	Custom Engraved Sign up to 144 sq. in.
228	228__A	Custom Engraved Sign up to 228 sq. in.
432	432__A	Custom Engraved Sign up to 432 sq. in.

Your Logo/Your Artwork included

If you want logos or artwork included on your signs, high quality digital files are preferred. You may email digital files to sales@heiserusa.com. You may also mail a sheet of letterhead, business card, tag sample, or camera-ready art to Heiser Logistics, 35 North Street, Suite 50, Canandaigua, NY 14424. If you have any questions, please contact us at 1.800.828.9638 or sales@heiserusa.com.

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- Orlando, FL
- Phoenix, AZ
- Reno, NV