

# 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 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 type of saw:  industrial cabinet saw  professional cabinet saw  contractor saw  jobsite saw  \_\_\_\_\_

**EMAIL THIS COMPLETED FORM and invoice TO [memberservices@sdao.com](mailto:memberservices@sdao.com)**

**They will reimburse you as soon as possible**

SDAO Main Office  
PO Box 12613  
Salem, OR 97309-0613  
Toll Free: 800-285-5461  
Salem Area: 503-371-8667  
Fax: 503-371-4781

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**QUESTIONS? CALL PACE Risk Management 800-285-5461**