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 occurence: _____ 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 Emily Knaus <eknaus@sdao.com>
She will reimburse you as soon as possible

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Salem Area: 503-371-8667
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QUESTIONS? CALL PACE Risk Management 800-285-5461