

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 WE'LL SEND YOU A NEW CARTRIDGE AND BLADE FREE OF CHARGE.

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 TO Nathan Holtorf • portland.woodcraft@gmail.com He will send you a new blade/cartridge immediately.

Then send the activated cartridge and blade to Woodcraft:
Woodcraft-Tigard, OR-312 • 12020 SW Main St • Tigard, OR, 97223
PHONE **503-684-1428** WEBSITE **www.woodcraft.com**

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QUESTIONS? CALL PACE Risk Management 800-285-5461