

**FLOOR SAFETY PROGRAM®**  
**SERVICE PLAN**

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Address: \_\_\_\_\_

**ANTI-SLIP FLOOR TREATMENT:**

Initial treatment date: \_\_\_\_\_ Total square feet treated: \_\_\_\_\_

FLOOR SAFETY INSPECTION PLAN: Monthly      Quarterly

**FLOOR SAFETY SERVICE SCHEDULE:**

1. Staff Training on: (mm / dd / yy) \_\_\_\_\_

2. Inspections on or about the \_\_\_\_\_ day of each month / quarter.

3. Multi Kleen™ delivered: \_\_\_\_\_ per month / quarter.

4. Dispenser Included: Yes      No      Spray Bottles: \_\_\_\_\_

The Safe Tile™ Anti-Slip treatment system is an application of specific products to hard mineral surfaces which increases the traction on the surface being treated. By signing this Floor Safety Program® & Service Plan, I/We acknowledge that the treatment provided increases traction to the surface being treated and further, the longevity and continued effectiveness of the Anti-Slip treatment may be affected by the diligence of ongoing regular cleaning with approved cleaners and methods.

\_\_\_\_\_

Signature

Date

This 'Floor Safety Program® & Service plan' will be renewed with each Safe Tile™ rejuvenation. Inspections will determine when the floor surface will require rejuvenating

**Tile Safe Products**

**FLOOR SAFETY INSPECTION REPORT**

DATE:	CUSTOMER NAME:	CONTACT NAME:
PHONE:	FAX:	EMAIL:
JOB ADDRESS:		
AREA TREATED:	AREA SIZE (SQ FT):	INSPECTED BY:

**VISUAL AND PHYSICAL INSPECTION**

Please circle **O** appropriate item

- 1. Are Brooms, buckets & mops present?      **Yes**   **No**    If Yes:   Clean   Greasy   Dirty
- 2. Are mops & brooms in good condition?      **Yes**   **No**    If No:   Worn   Damaged
- 3. Does the grout and tile appear in good condition?      **Yes**   **No**    If No:   Broken                  Missing
- 4. Is Multi Kleen™ being used?   **Yes**   **No**    If No:   **Name of Product** \_\_\_\_\_
- 5. Are proper cleaning procedures being followed?      **Yes**   **No**    If No:   See Recommendations
- 6. Were unacceptable cleaners present?   **Yes**   **No**    If Yes:   Abrasives   Powders   Bleach
- 7. Is a training session with cleaning staff recommended?   **Yes**   **No**    If Yes:   Please arrange appropriate time:

Day\_\_\_\_\_      Month\_\_\_\_\_      Year 20\_\_\_\_\_

**SLIP RESISTANCE CONDITION OF SAFE TILE™ PROTECTED SURFACE**

Please √ Check appropriate box:

- 10. Initial slip-resistance test (Use water only):                  Excellent                  Good      Fair                  Poor
- 11. Final slip-resistance test (Use Multi Kleen™ diluted 10:1)      Excellent                  Good Fair Poor
- 12. Did slip-resistance recover when cleaned with Multi Kleen™?      **Yes**   **No**  
(If No then floor may require rejuvenating, see recommendations)
- 13. Does floor require machine cleaning with rotary floor scrubber?      **Yes**   **No**
- 14. Does floor require rejuvenating?      **Yes**   **No**    If Yes: Please arrange appropriate time:

Day\_\_\_\_\_      Month\_\_\_\_\_      Year\_\_\_\_\_

**RECOMMENDATIONS:**

Inspector Signature \_\_\_\_\_ Customer Signature \_\_\_\_\_