

Floor Strip & Wax Procedure

Service Provider Sign-Off and Store Management Authorization Form

Store Name & Number:	Start Date of Work:
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This form must be completed and signed-off by the Service Provider and Store Management before work begins!

Completed form must be e-mailed to Senior Manager, Facilities Maintenance
(admir_salihovic@pattisonfoodgroup.com) and Senior Manager, H&S (jeff_haraga@pattisonfoodgroup.com)!

TASK	RESPOSIBLE PARTY	SIGN-OFF (INITIAL)
<p>Service Provider to meet with Store Management (SM or ASM) 1-week prior to project start to review the following:</p> <ul style="list-style-type: none">✓ Review scope of work (<i>including work schedule with Store Management</i>).✓ Review any store management requirements (<i>such as, moving displays, kick plates, ventilation, TM scheduling, PPE, communication, and any other applicable items</i>).✓ Review any H&S requirements (<i>such as any safety risks, PPE, and other applicable items</i>).	Service Provider	
<ul style="list-style-type: none">✓ Service Provider must ensure proper dilution rates are being used, as per product specifications.✓ Service Provider must use only approved chemicals.	Service Provider	

Project cannot begin until both Service Provider & SM or ASM have approved & signed the form:

Service Provider Name:	Store Management Name:
Signature:	Signature:
Date:	Date: