**First Aid Order Form**

**ERT**

**GROUP**

Emergency Eye Wash Station and Eye Wash

|  |  |
| --- | --- |
| **Company:** | **Date:** |
| **Name:** | **Contact:** |
| **Address:** | |
| **Kit / Registration No:** | |

|  |  |  |
| --- | --- | --- |
| **Product** | **Quantity Required** | **Order Quantity** |
| Correct pressure |  |  |
| Correct flow rate |  |  |
| Signage in immediate vicinity within 15metres of identified hazard |  |  |
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Please send all orders to [shop@ertgroup.com.au](mailto:shop@ertgroup.com.au) or by phone 1300 609 222