

Field Issue Form

Required Information:			
Date of Complaint:			
Project Name:			
Project City:	Project State/Province:	Project Country:	
Product Name:			
Total Quantity:	Affected Quantity:		
Contractor Information:			
Contractor Company Name:			
Contractor Contact Name:			
Contractor Address:			
Contractor City:	Contractor State/Province:	Contractor Postal Code:	
Contractor Country:			
Contractor Phone:	Contractor Email:		
Distributor Information:			
Distributor Company Name:			
Distributor Contact Name:			
Distributor Phone:	Distributor Email:		
Submitter Email:	WIP Sales Representative:		
Product issue description and correc	tive actions already initiated:		
Other Information:			
	Batch Number:		
Order/Invoice Type:			
•	Substrate Temperature:		
	Weather at Installation Time:		
Have job site samples been sent? (min. 12" x 12" sheet sample size):		Yes No	
Have unopened/unused materials from		Yes No	
If yes, what did you send?			

Send WIP 100 & 250HT samples to: Carlisle Coatings & Waterproofing Technical Services Department 1275 Ritner Hwy - Carlisle, PA 17013 Send WIP 300HT & 401 samples to: Carlisle Coatings & Waterproofing Technical Services Department 900 Hensley Ln • Wylie, TX 75098