



PRODUCT FIELD EVALUATION FORM

Product Name: _____

Manufacturer: _____

Supplier: _____ Contact Person: _____

Phone: _____

Category of Product: Health and Safety _____ Facilities _____

Treatment Plant _____ Roads/Watermain/San. Sewers _____

Product Application / Use: _____

Product Location: _____

Problems / Concerns / Comments: _____

Submitted By: _____ Signature: _____

Date: _____

Action Taken: _____

Date: _____

Send Form To: Appropriate Sub Committee Chair

Copy To: Regional Infrastructure Standardization Committee (RISC) Chair