

REQUEST FOR VISIT OR AUDIT

Please send this completed request to Claude Forté, Technical Advisor, by e-mail at cforte@stablex.com at least two (2) weeks prior the visit.

Company name : _____ Visit Audit

Expected date : _____ Time : _____

Audit questionnaire to complete : No Yes Required on : _____

Contact person : _____ Phone : _____

E-mail : _____

VISITOR INFORMATION

Name	Title	First visit
<input type="checkbox"/> Mr <input type="checkbox"/> Ms _____	_____	<input type="checkbox"/>
<input type="checkbox"/> Mr <input type="checkbox"/> Ms _____	_____	<input type="checkbox"/>
<input type="checkbox"/> Mr <input type="checkbox"/> Ms _____	_____	<input type="checkbox"/>
<input type="checkbox"/> Mr <input type="checkbox"/> Ms _____	_____	<input type="checkbox"/>

VISIT INFORMATION

Please indicate which person(s) / title(s) you wish to meet:	Which subjects would you like to discuss:
_____	_____
_____	_____

Comments : _____

SAFETY RULES

We will send you a specific document on safety rules for visitors with your visit confirmation.

To help you plan your visit, please consider the following rules:

- Access to lab and plant are forbidden to pregnant and breast feeding women.
- Visitors suffering from allergies, vertigo or hyperventilation must immediately advise the person in charge of the visit. Certain restrictions could apply.
- If you wish to visit the plant, lab, maintenance or site, you will be required to wear closed shoes and pants. We will provide you with a safety helmet, a lab coat, safety glasses and steel toe overshoes.