**Chemicals - Inhibitors Troubleshooting Form**

Please answer the following questions to help us troubleshoot any concerns.

1. **Is this your first time using the product?**

[ ]  Yes, this is the first time

[ ]  No, this is a re-purchase

1. **Please briefly describe the issue that you are** **experiencing:**

|  |
| --- |
|  |
|  |
|  |
|  |

1. **Product information**

|  |  |
| --- | --- |
| **Cat. No** |  |
| **Batch No.** |  |
| **How did the product arrive?** |  |
| **Did you open the product or is it still in its original packaging?** |  |
| **Please describe the appearance of the product upon receipt.** |  |
| **How is the appearance of the product now?** |  |
| **How did you store the product after receipt?** |  |
| **How long was the product stored?** |  |

***Note: Please attach any images or further information you may have.***