**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:**

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1. **Product information**

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| --- | --- |
| **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.***