



ALLERGY INCIDENT REPORT

Thank you for reporting an allergy incident to us in your workplace. As part of our Health and Safety procedure please complete this form and *attach a photograph*. Please return the completed form to us to info@gellifique.com.

1. Customer Name:

2. Order Number and Date:

3. Did yourself or your customer experienced an allergic reaction?

4. How long have you been using the Gellifique® system in your workplace?

5. Has yourself or your client experienced an allergic reaction in the past prior to the current incident? If so, please provide more information below.

6. Has yourself or your client been diagnosed by a medical professional for dermal allergies?

Date:

Results:

7. If so, please provide a list of ingredients which can cause dermal allergies to yourself or your client.

8. Please list the products which you have used including Primer, Bonder , Cleanser which you believe may have caused an allergic reaction to yourself or your client.

9. How long did it take for the first allergy symptoms to occur?

24 hours 48 hours 72 hours Other

10. Please provide the date of when the allergy started and the symptoms

Date:

Symptoms: Itchy skin, Burning sensation on the skin, Rash, Other

11. Did the symptoms gradually worsen after the initial occurrence ?

12. Have you or your client previously reacted to a product within the same product class? i.e. primer or bonder, builder gel in a bottle, hard builder gel, gel polish. Please list below the product name and brand if possible.

For office use only:

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