## MEASUREMENT FORM




Please ask a second person to measure the above mentioned body parts. During the measurement please wear the clothes that you usually wear underneath your protective suit.

Spezial sizes and customised production are excluded from exchange.

Name: $\qquad$
Product: $\qquad$
$\qquad$
$\qquad$
Date, Signature:
Remarks:
Fire Brigade : $\qquad$
Product No.: $\qquad$

