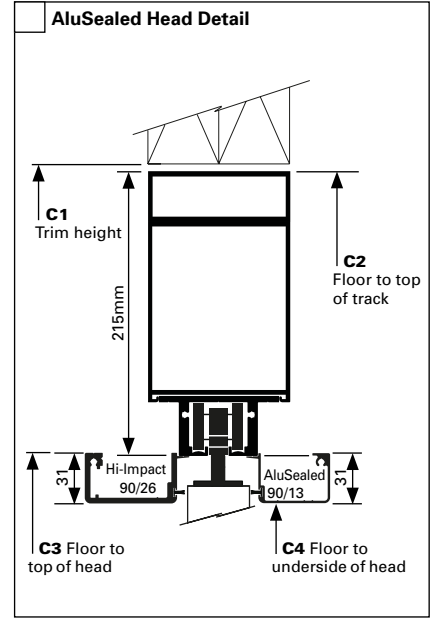
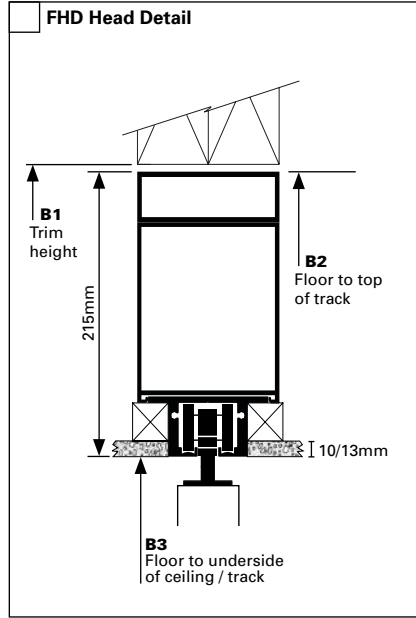
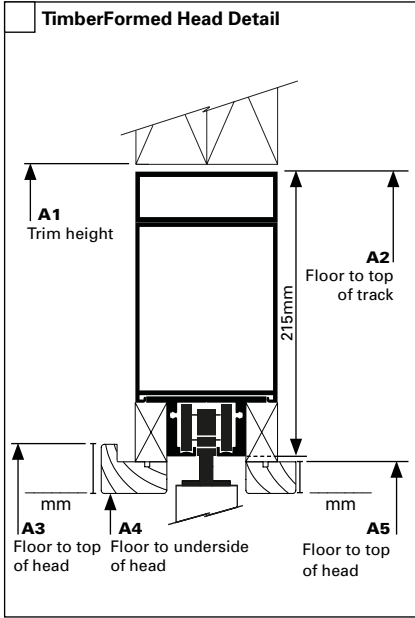


Customer _____
 Rep initials _____ Date _____
 Address/contact _____
 Door location _____

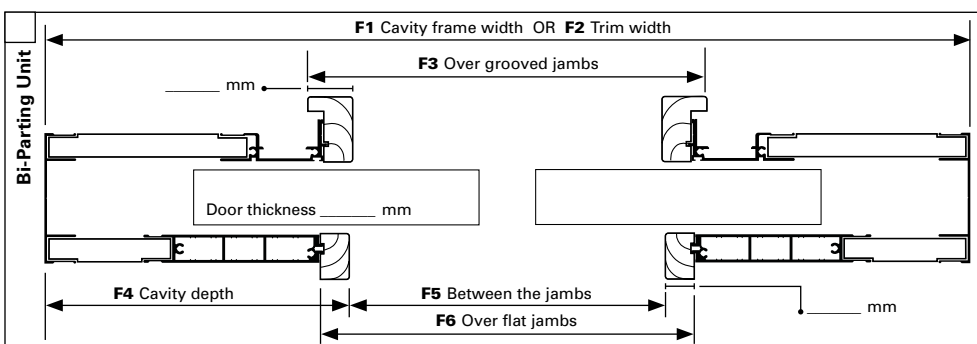
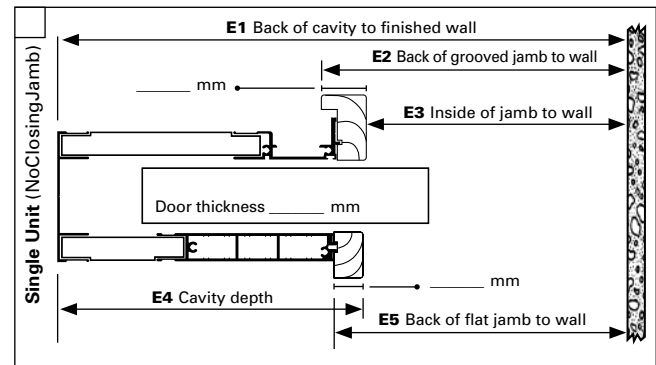
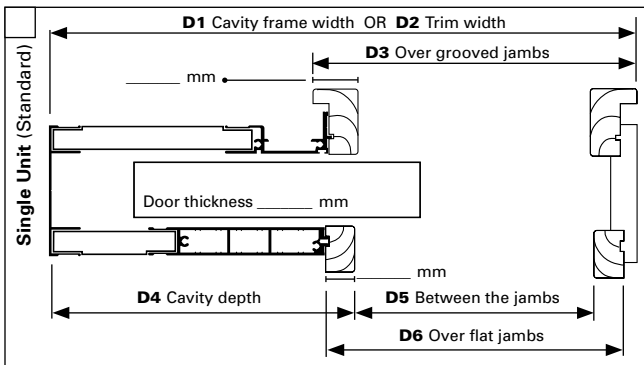
Please match one of the Head Detail drawings with one of the Plan View drawings.



Critical height dimension agreed: **A1 A2 A3 A4 A5 B1 B2 B3 C1 C2 C3 C4** (Circle one only) is: _____ mm.

Flooring _____
 Will cavity frame sit hard on top of the floor? Yes No
 Is the floor existing at time of site measure? Yes No
 Proposed thickness of floor covering = _____ mm
 Is a gap under the door of 25mm (before floor coverings) acceptable? Yes No
 Add _____ mm (max 15) to door height **OR** reduce cavity height by _____ mm (max 15) to reduce under door gap.

Wall configuration
 10/90/10 13/90/13 26/90/26 Other _____
 Is ceiling batten in place? Yes No
 Is framing / resizing required on site? Yes No
 Dimensions given by builder (not measured) Yes No



Mutually Agreed Critical Measurement of Dimension:
D1 D2 D3 D4 D5 D6
E1 E2 E3 E4 E5
F1 F2 F3 F4 F5 F6
 (Please circle one only)
 is: _____ mm.

Door location _____

Only one Door per Form

Door details

Door size _____ mm high X _____ mm wide

Trim size _____ mm high X _____ mm wide

Who is supplying door? Cust. CS No door

Type _____

Finish _____

Glass _____

Door diagram

Door function (Write additional details below)

- Std. door operation (see controller spec sheet)
- WC door*
- Custom operation including door status/ PLC integration*
- Operation in fire event* (If yes, select function):
 - Door closes (egress activation only)
 - Door opens (door stays open)

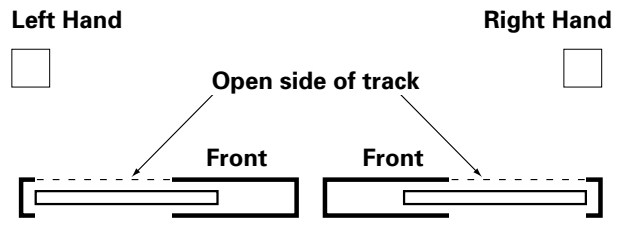
*Battery backup recommended

- Future access to motor & idler planned
- 230V AC power available
- Sensor/button/switch positions confirmed
- Battery backup required

After sales service

- Commissioning required
- Service agreement required

Door handing (please tick)



Extra notes

Site details

Delivery Address (if different from quote) _____

Site contact _____ Phone _____

Special delivery instructions _____

Please contact your rep for job progress enquiries or contact your nearest office:

Signed by CS FOR DOORS rep _____

Rep's contact no. _____

Signed by (or on behalf of customer) _____

Print name _____

Auckland Head Office
 T 09 276 0800
 F 09 276 2525

Christchurch
 T 03 348 6158
 F 03 348 6150

Waikato
 T 07 928 0800
 F 07 928 2525

Wellington
 T 04 473 9994
 F 04 473 9995