

Customer _____

Rep initials _____ Date _____

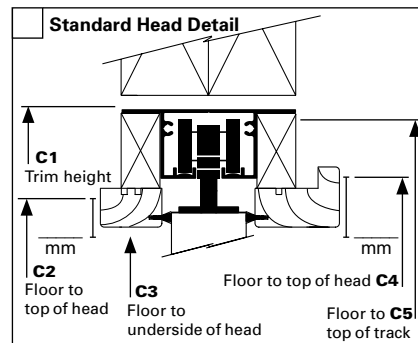
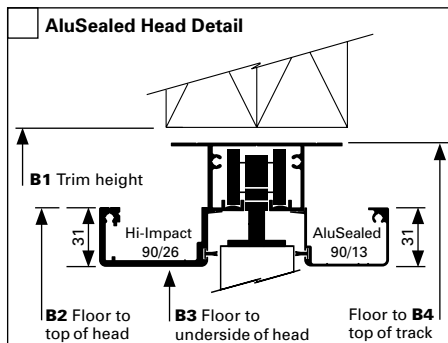
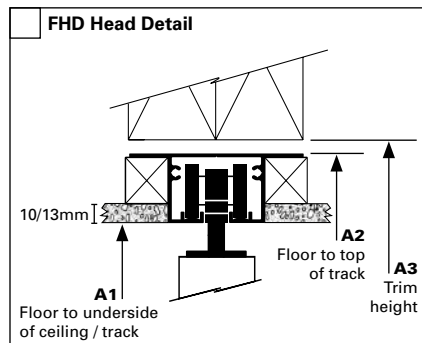
Address/
contact _____

Door location _____



Only one Door per Form

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



Critical height dimension agreed: **A1 A2 A3 B1 B2 B3 B4 C1 C2 C3 C4 C5** (Circle one only) is: _____ mm.

Floor Details

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.

Is ceiling batten in place? ☐ Yes ☐ No

Is framing / resizing required on site? ☐ Yes ☐ No

Dimensions given by builder (not measured) ☐ Yes ☐ No

Door

Height _____ Width _____

Type _____

Finish _____

Glass _____

H/W _____

LH/RH Exit free _____

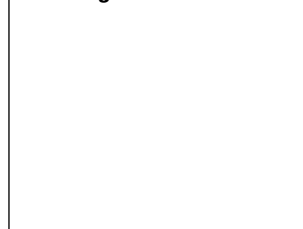
H/W height _____

Minimum door width of 910mm required for disabled access

Who is supplying the door? ☐ 10/90/10 ☐ 13/90/13

☐ Cust. ☐ CS ☐ No door

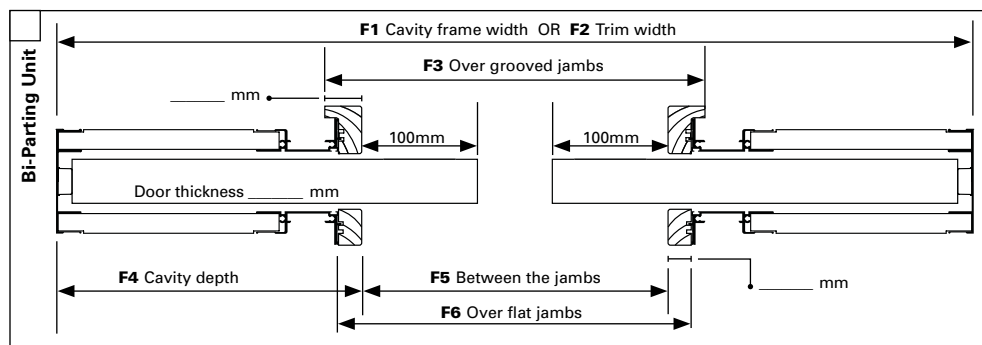
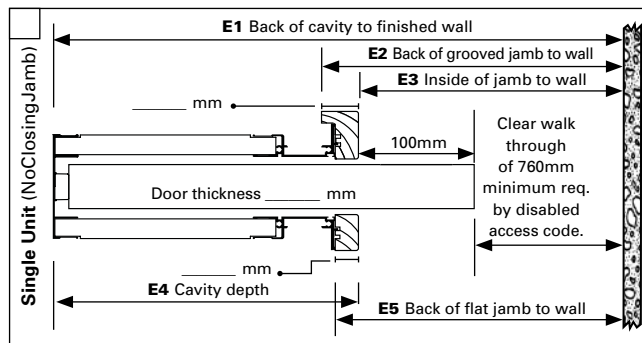
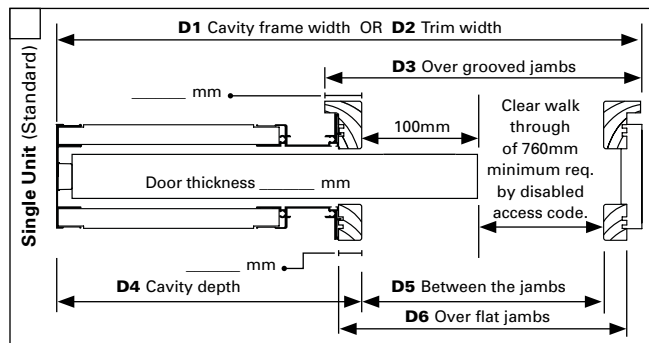
Door diagram



Wall configuration

☐ 10/90/10 ☐ 13/90/13

☐ Other _____



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.

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