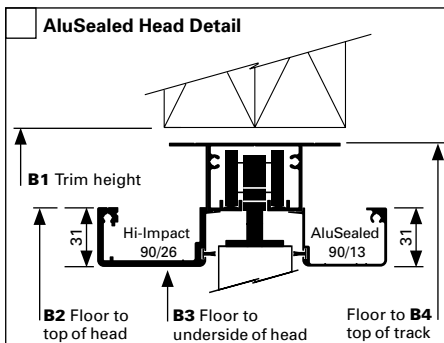
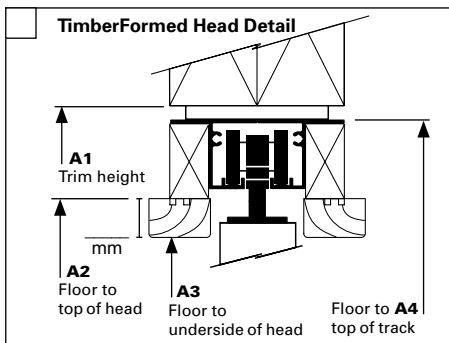


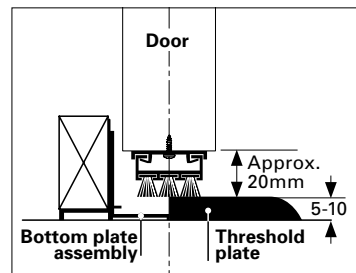
Customer _____
 Rep initials _____ Date _____
 Address/contact _____
 Door location _____ **Only one Door per Form**



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



Door seals must touch floor covering or meet threshold plate:



Critical height dimension agreed: **A1 A2 A3 A4 B1 B2 B3 B4** (Circle one only) is: _____ mm.

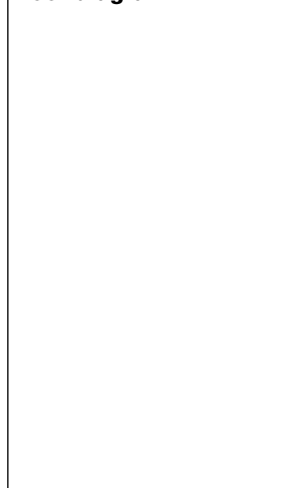
Flooring

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
 (minimum 15mm or threshold required)
 Is ceiling batten in place? Yes No
 Is framing / resizing required on site? Yes No
 Dimensions given by builder (not measured) Yes No
 STC Rating: 38 41 43

Door

Height _____ Width _____
 Type _____
 Finish _____
 Thickness _____
 H/W _____
 LH/RH Exit free _____
 H/W height _____

Door diagram



Who is supplying the door?

CS ONLY

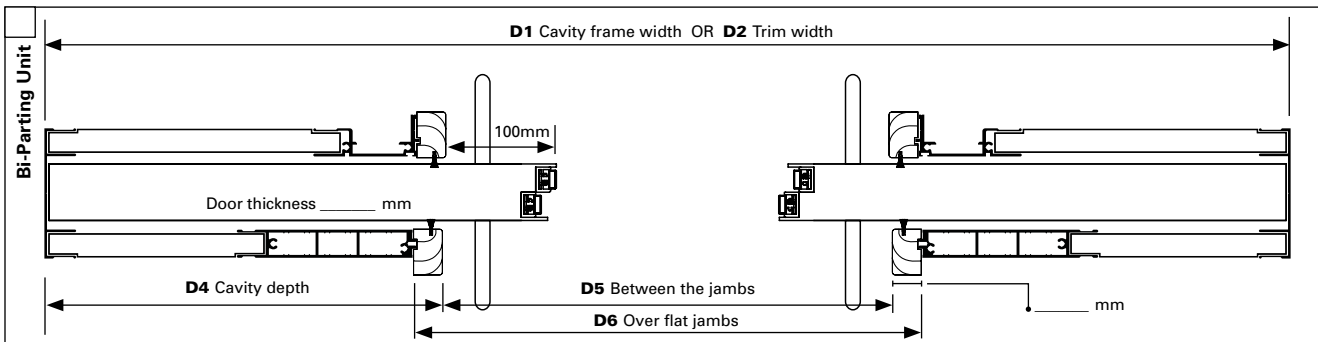
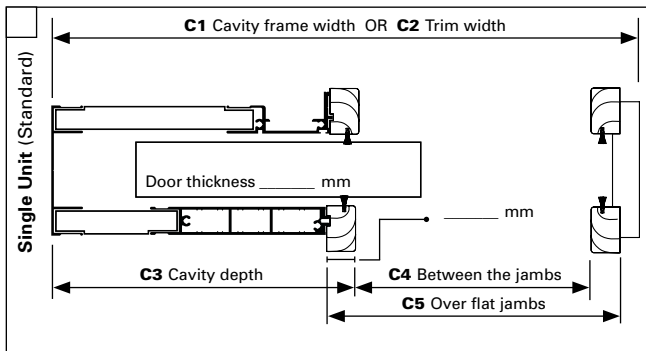
Wall configuration

13/90/13 (minimum)
 Other _____

Mutually Agreed Critical Measurement of Dimension:

C1 C2 C3 C4 C5 D1 D2 D3 D4 D5

(Please circle one only) is: _____ mm.



Please contact your rep for job progress enquiries or contact our office on 02 9905 0588.

Signed by CS rep _____ Signed by (or on behalf of customer) _____

Rep's contact no. _____ Print name _____