

Criteria Sheet

Effective November 2011

Date: ____ / ____ / 20____



Life More Secure.

Project Overview

FIELD ESTIMATE SHEET: _____ NEW

_____ REPLACEMENT

CUSTOMER: _____

JOB SITE: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____

STATE: _____

WORK ORDERED BY _____

PHONE: _____

FAX: _____

JOB CONTACT: _____

CELL/PAGER: _____

DOOR LOCATION DETAILED:

General Project Information

Number of Main Doors _____

Number of Horns _____

Number of Bathroom Doors _____

Rooms to be Isolated _____

Total Number of Doors to be Installed _____

Number of Key switches _____

Number of Buildings Containing Doors _____

Number of Keypads _____

Number of Floors Containing Doors _____

Location of Keypads _____

Number of Panels Needed _____

desired: keypad key switch both

*separate panel necessary for each building

Door Size 36" 42" 48" Custom: _____

Door Type	<u>Wood</u>	<u>Metal</u>		
Type of Hinge	<u>Butt</u>	<u>Continuous</u>	<u>Center Pivot</u>	
Type of Frame	<u>Wood</u>	<u>Metal</u>	<u>Grout Filled</u>	<u>Hollow</u>
Type of Wall	<u>Drywall</u>	<u>Plaster</u>	<u>Block</u>	<u>Concrete</u>
Type of Ceiling	<u>Drywall</u>	<u>Plaster</u>	<u>Drop</u>	<u>Concrete</u>

Detailed Floor Information (if available, please include floor plans)

SPECIAL NOTES: Site survey must be accompanied along with field notes upon order

