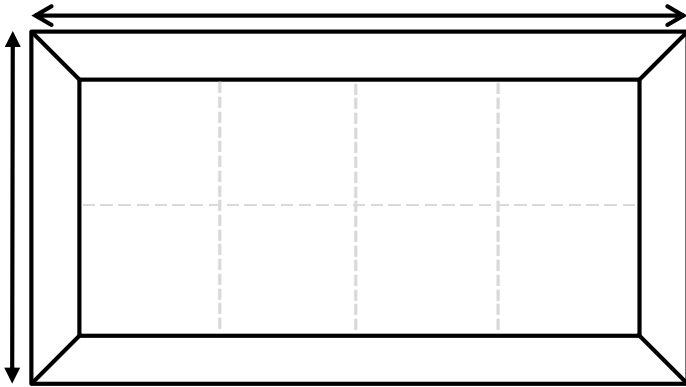


CHECK MEASURE SHEET

Date: _____ Page: ___ of ___

Job Name: _____ Job No: _____ Measured By: _____



Room: _____

Fit: Rev Face

Frame Type:

Mid Rail? Yes No

Mid Rail Height: _____

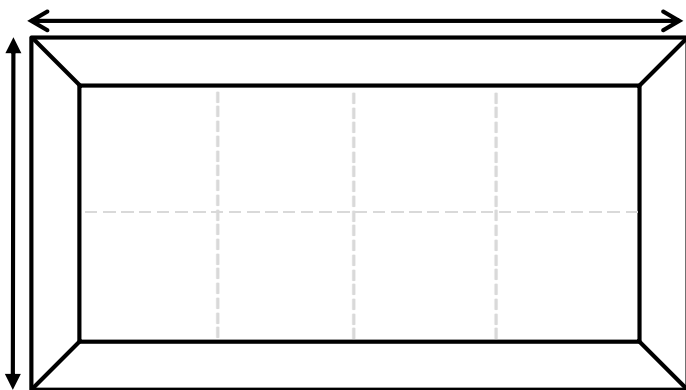
Blade: 90 115

No of Panels: _____

Frame: L T R B

Layout code

Comments: _____



Room: _____

Fit: Rev Face

Frame Type:

Mid Rail? Yes No

Mid Rail Height: _____

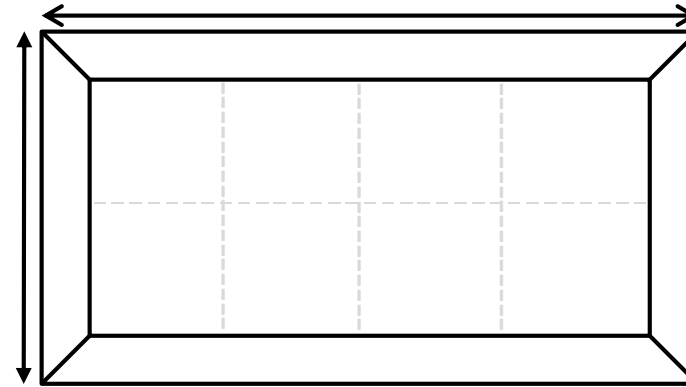
Blade: 90 115

No of Panels: _____

Frame: L T R B

Layout code

Comments: _____



Room: _____

Fit: Rev Face

Frame Type:

Mid Rail? Yes No

Mid Rail Height: _____

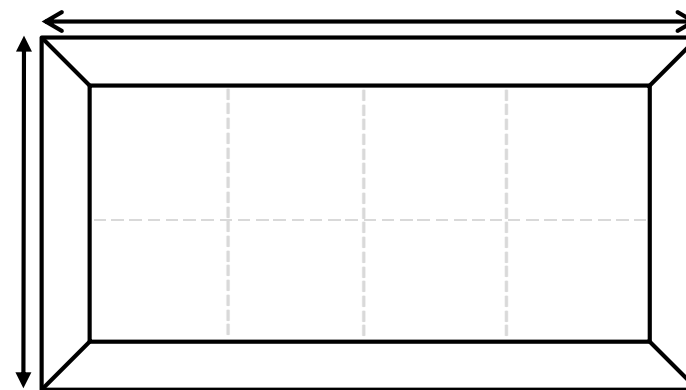
Blade: 90 115

No of Panels: _____

Frame: L T R B

Layout code

Comments: _____



Room: _____

Fit: Rev Face

Frame Type:

Mid Rail? Yes No

Mid Rail Height: _____

Blade: 90 115

No of Panels: _____

Frame: L T R B

Layout code

Comments: _____

Blade: _____ Frame: _____ Colour: _____

By signing this form I approve and agree to the following;
Blade Size, Frame Type and Colour

Customer to sign: _____