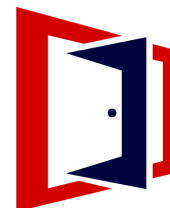


MANUAL DOOR PROJECT EVALUATION

ACME
ARCHITECTURAL
— HARDWARE —



Customer Email: _____

Project: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Contact: _____ Phone# _____ Phone 713-263-1010 Fax 713-263-0909

Work Order # _____ Scope of Work: _____

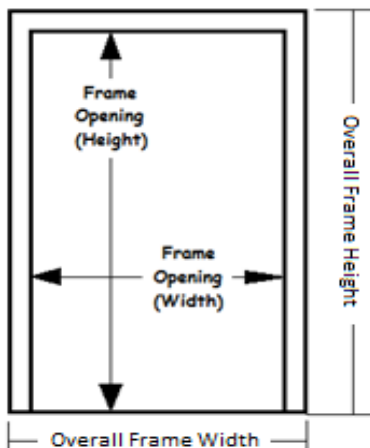
Facility # _____ Location # _____

Components Needed: Door Frame Hardware

Door Material: Wood Hollow Metal Alum Other _____

Frame Material: Wood Hollow Metal Alum Other _____

Fire Rating: None 20 min 45 min 60 min 90 min



Wall Type: Drywall Masonry

Rough Opening: W _____ x H _____

Frame Opening: W _____ x H _____

Jamb Depth: _____" (A)

Overall Frame Dimension: W _____ x H _____

Frame Face: _____" (B)

Hardware: Reuse Existing New Hardware Unequal Rabbet

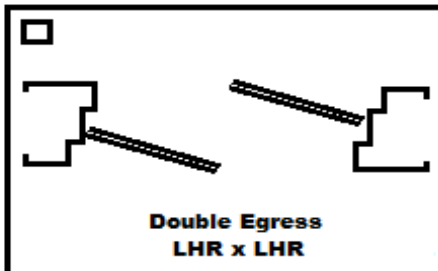
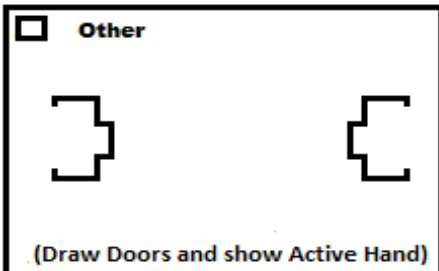
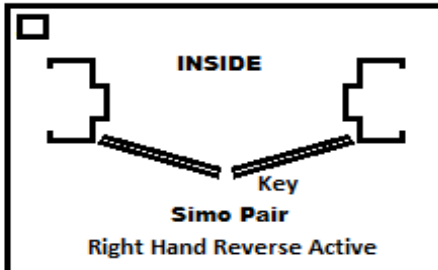
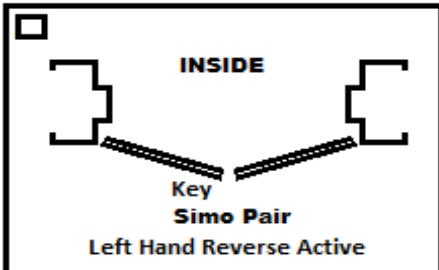
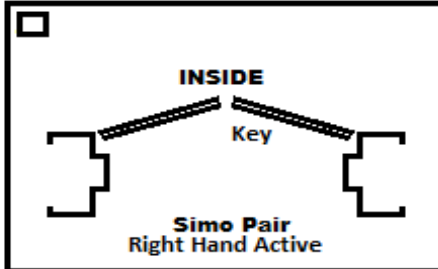
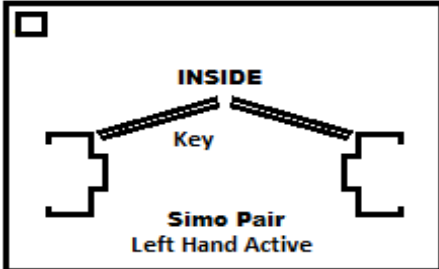
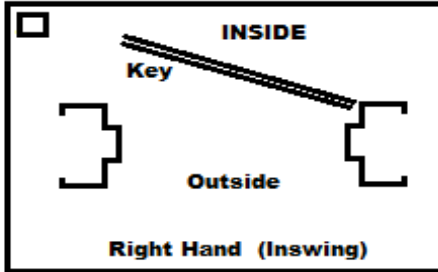
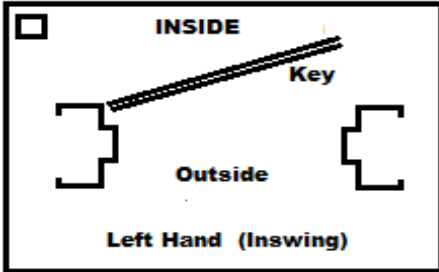
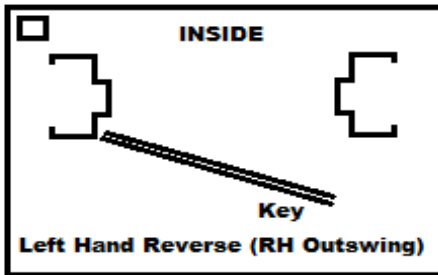
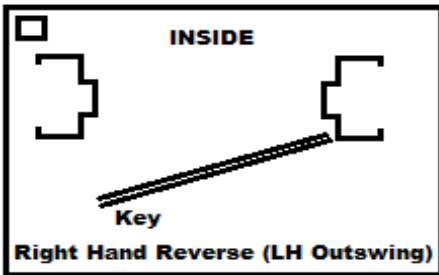
Hardware: Manufacturer: _____ Model # _____

Electrified? Yes No If Yes: EPT Electric Transfer Hinge

Keyway: _____ Power Loop Model# _____

Format: _____ Location of EPT From Top of Door To Top of EPT: _____

Top of Door to Top of Hinge	ACTIVE LEAF / LOCK INFO	INACTIVE LEAF
<p><input type="checkbox"/> Butt Hinge</p> <p>Hinge Size: _____ x _____</p> <p><input type="checkbox"/> Std Weight</p> <p><input type="checkbox"/> Heavy Weight</p> <p><input type="checkbox"/> Continuous Hinge</p> <p><input type="checkbox"/> Full Surface</p> <p><input type="checkbox"/> Concealed</p>	<p>Top of Door to Top of Pocket</p> <p>Top of Door to Top of Lock</p> <p>Top to C of DB</p> <p>" Height of Mortise Pocket</p> <p><input type="checkbox"/> Cylindrical Lock</p> <p>Bore: _____" Backset: _____"</p> <p><input type="checkbox"/> DeadBolt</p> <p>Bore: _____" Backset: _____"</p> <p><input type="checkbox"/> Mortise Lock <input type="checkbox"/> Exit Device</p>	<p>(Top of Door)</p> <p>Top Flushbolt:</p> <p>Dim A: _____</p> <p>Height: _____</p> <p>Width: _____</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Auto</p> <p>Deadbolt Strike:</p> <p>Dim B: _____</p> <p>Height: _____</p> <p>Width: _____</p> <p>Latch Strike:</p> <p>Dim C: _____</p> <p><input type="checkbox"/> 4 7/8" ASA Strike</p> <p>Bottom Flushbolt:</p> <p>Dim D: _____</p> <p>Height: _____</p> <p>Width: _____</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Auto</p> <p>(Bottom of Door)</p>



Phone 713-263-1010 Fax 713-263-0909

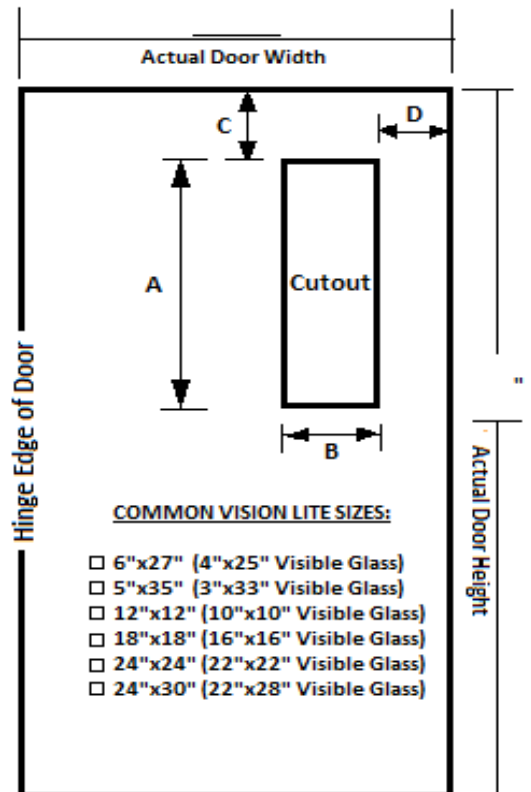
Vision Kit Type: Metal Wood

Glass Type: Wire Tempered

Laminate Other _____

Cutout: A: _____ B: _____

C: _____ D: _____



***Make Sure ALL Blanks Have Been Filled. If Not Applicable, Write NA Or Cross Through.**

Special Notes:

Measured By: _____