

Today's Date: _____

Purchase Order #: _____

Hand Of Active Door(s): _____

Check For Fire Rated ☐

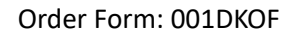
Access Control By Others? ☐ Yes ☐ No

	QTY	Model #	Manufacturer
Power Door Operator:			
Door Operator Switches:			
Electric Lock/Exit (or Strike):			
Push Button(s):			
Key Switch(s):			
Request To Exit Device:			
Door Position Switch(s):			
Power Supply:			
Integration Cabinet:			
Timer:			
Relay:			
Power Transfer:			
Reader/Keypad (if by Hardware Supplier):			
Other:			
Other:			

Normal (Locked or Unlocked?) Condition Of Door:	<input type="checkbox"/> Locked <input type="checkbox"/> Unlocked or <input type="checkbox"/> Scheduled (i.e.; Day/Night)
Access From Exterior Side By:	
Exit From Interior Side By:	
Special Conditions, Night vs Day etc.:	
On Loss Of Main Power (Locked or Unlocked?):	<input type="checkbox"/> Locked <input type="checkbox"/> Unlocked
During Active Fire Alarm (Locked or Unlocked?):	<input type="checkbox"/> Locked <input type="checkbox"/> Unlocked

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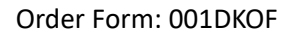
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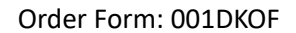
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