



INDEPENDENT DOOR HARDWARE SPECIALIST  
CONSULTANT AND SPECIFICATIONS

## Distribution Check List

Fill out the following for the initial call.

### GENERAL QUESTIONS:

- Project Name: \_\_\_\_\_
- Architect Name: \_\_\_\_\_
- Location: \_\_\_\_\_
- Firm Name: \_\_\_\_\_
- Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
- Service(s) Requested:
  - ☐ AHC QA/QC Review
  - ☐ Review Electrified Hardware
  - ☐ Full Submittal Review
  - ☐ On Site Field Verification
  - ☐ Site Survey / Punch
  - ☐ Specification services (will require the Architect Questionnaire to be filled out)
- Facility Type:
  - ☐ K-12 / Higher Ed: # of Bldg: \_\_\_\_\_ # of Openings \_\_\_\_\_  

☐ FEMA Openings    ☐ Accoustic Opening
  - ☐ Hospital: # of floors \_\_\_\_\_ # of Opening: \_\_\_\_\_
  - ☐ MOB: # of floors \_\_\_\_\_ # of Opening: \_\_\_\_\_
  - ☐ Office Bldg: # of floors \_\_\_\_\_ # of Opening: \_\_\_\_\_
  - ☐ Multi-Family: # of floors \_\_\_\_\_ # of Common Area Openings: \_\_\_\_\_ # of Unit types \_\_\_\_\_
  - ☐ Fire Station: # of floors \_\_\_\_\_ # of Opening: \_\_\_\_\_ ☐ FEMA Openings
  - ☐ Community Ctr: # of floors \_\_\_\_\_ # of Opening: \_\_\_\_\_ ☐ FEMA Openings
  - ☐ Courthouse: # of floors \_\_\_\_\_ # of Opening: \_\_\_\_\_ # of Detention Opening: \_\_\_\_\_
  - ☐ Police Station: # of floors \_\_\_\_\_ # of Opening: \_\_\_\_\_ # of Detention Opening: \_\_\_\_\_
  - ☐ Auditorium: # of floors \_\_\_\_\_ # of Opening: \_\_\_\_\_ # of Accoustic Opening: \_\_\_\_\_
  - ☐ Office Bldg: # of floors \_\_\_\_\_ # of Opening: \_\_\_\_\_
- Comments: \_\_\_\_\_  
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