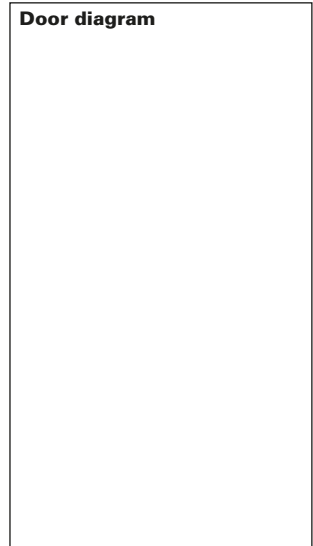
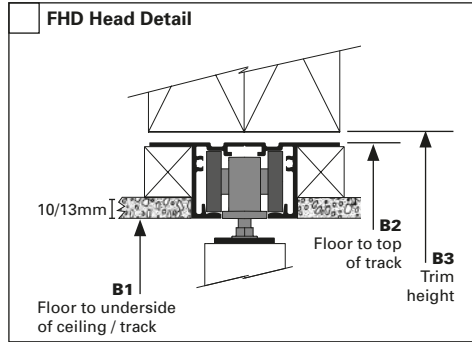
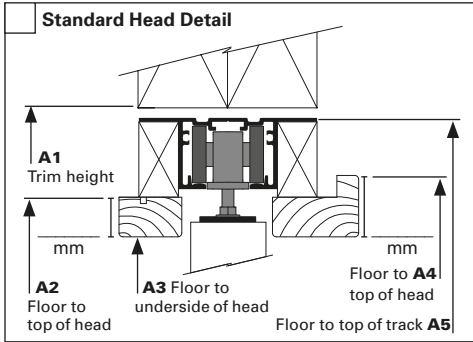


Customer _____
 Rep initials _____ Date _____
 Address/contact _____
 Door location _____



Only one Door per Form

Please match one of the Head Detail drawings with one of the Plan View drawings.



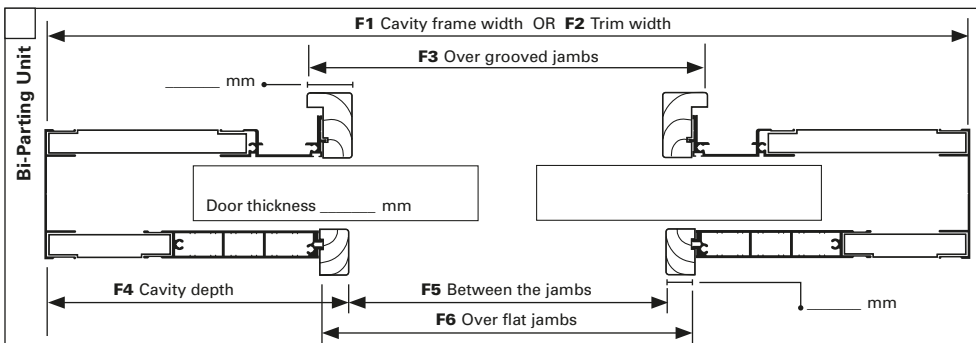
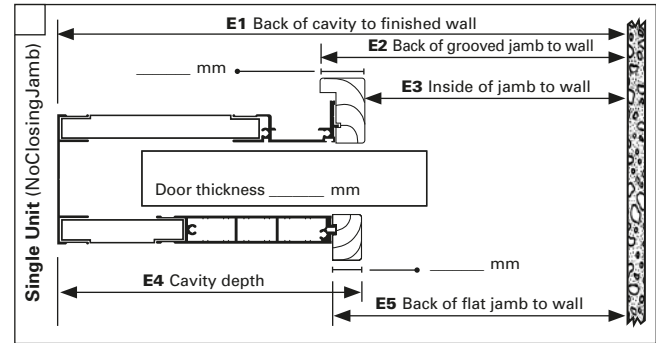
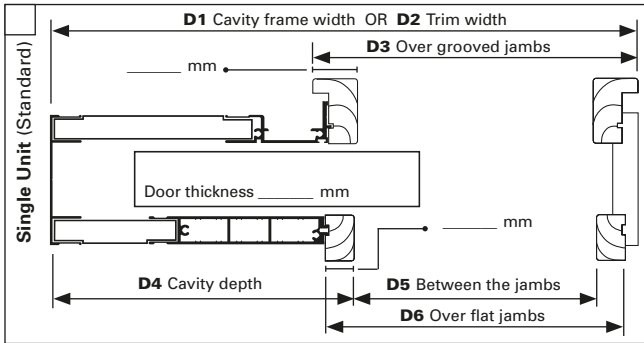
Critical height dimension agreed: **A1 A2 A3 A4 A5 B1 B2 B3** (Circle one only) is: _____ mm.

Flooring _____
 Will cavity frame sit hard on top of the floor? Yes No
 Is the floor existing at time of site measure? Yes No
 Proposed thickness of floor covering = _____ mm
 Is a gap under the door of 25mm (before floor coverings) acceptable? Yes No
 Add _____ mm (max 15) to door height **OR** reduce cavity height by _____ mm (max 15) to reduce under door gap.
 Is ceiling batten in place? Yes No
 Is framing / resizing required on site? Yes No
 Dimensions given by builder (not measured) Yes No

Door
 Height _____ Width _____
 Type _____
 Finish _____
 Glass _____
 H/W _____
 LH/RH Exit free _____
 H/W height _____

SofStop®
 Soft close Soft Open

Wall configuration
 10/90/10 13/90/13
 Other _____
 Who is supplying the door? Cust. CS No door



Mutually Agreed
 Critical Measurement of
 Dimension:

D1 D2 D3 D4 D5 D6
E1 E2 E3 E4 E5
F1 F2 F3 F4 F5 F6

(Please circle one only)

is: _____ mm.

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Signed by CS FOR DOORS rep _____
 Rep's contact no. _____
 Signed by (or on behalf of customer) _____
 Print name _____

Please contact your rep for
 job progress enquiries or
 contact your nearest office:

Auckland Head Office
 T 09 276 0800
 E salesakl@csfordoors.co.nz

Waikato
 T 07 928 0800
 E salesbop@csfordoors.co.nz

Christchurch
 T 03 348 6158
 E saleschch@csfordoors.co.nz

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