



AT YOUR SERVICE

GARAGE DOORS ★ WINDOWS ★ DOORS

QUOTE# _____

JOB/CLIENT NAME: _____

PRE - INSTALLATION ASSESSMENT FORM

- FIELD CONDITIONS REVIEWED BY INSTALL SUPERVISOR: YES. NO.

- ESTIMATED LENGTH OF INSTALLATION (DAYS): _____

- INSTALLATION CREW TO BE ASSIGNED: _____

- NUMBER OF INSTALLERS NEEDED: _____

SPECIAL NOTES OR CONDITIONS:

REQUESTS FROM CLIENT:

ADDITIONAL ITEMS NEEDED FOR INSTALLATION: (MULLS, SCAFFOLDING, HANDLES, CUSTOM BREAK METAL OR PANS, ETC):

SCAFFOLDING NEEDED: YES. / NO

DOOR CASING SELECTION: _____

JAMB EXTENSION: YES / NO

FLOOR
THRESHOLD: _____