

## Sample Sign Off Sheet (TSS)

### Page 1 - Supplier to complete

<b>*Project</b>	Oriel
<b>*Originator</b>	Permasteelisa
<b>*Name of issuer</b>	F.Gianotten

<b>*Document Reference</b>																
ORL	-	PER	-	XX	-	XX	-	TSS	-	K	-	000060	-	S4	-	C03
<i>Project</i>		<i>Originator</i>		<i>Functional Breakdown</i>		<i>Spatial Breakdown</i>		<i>Form</i>		<i>Discipline</i>		<i>Number</i>		<i>Suitability</i>		<i>Revision</i>

<b>*Description of Product:</b>	Spandrel glass GD06
<b>*Manufacturer:</b>	Not yet selected
<b>*Model Number:</b>	NA
<b>*Colour reference:</b>	RAL 7036
<b>*Other data:</b>	Interpane ipasol ultraselect 62/29
<b>*TPS Reference:</b>	ORL-PER-XX-XX-TPS-K-000010

<b>*Location of product within building</b> <i>(attach markup drawing where necessary):</i>	Spandrel glazing GD06
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**Photos:**



RAL 7036

Note: for colour selection only



### Sample Sign Off Sheet (TSS)

<b>Page 2 - Contractor Review</b>							
<b>Reviewed by Consultant Architect / Landscape</b> <i>(if applicable)</i>		<b>Reviewed by Consultant Structural / Civils</b> <i>(if applicable)</i>		<b>Reviewed by Consultant MEP</b> <i>(if applicable)</i>		<b>Reviewed by Consultant Fire</b> <i>(if applicable)</i>	
Name:		Name:		Name:		Name:	
Status:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Status:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Status:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Status:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Comment:		Comment:		Comment:		Comment:	
<b>Reviewed by Consultant Acoustic</b> <i>(if applicable)</i>		<b>Reviewed by MEP Contractor</b> <i>(if applicable)</i>		<b>Reviewed by Consultant Other</b> <i>(if applicable)</i>		<b>Reviewed by Consultant Other</b> <i>(if applicable)</i>	
Name:		Name:		Name:		Name:	
Status:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Status:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Status:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Status:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Comment:		Comment:		Comment:		Comment:	

<b>Reviewed by Bouygues UK Package Manager</b>	
Name:	
Comment:	

<b>Reviewed by Bouygues UK Design Manager</b>	
Name:	
Comment:	



### Sample Sign Off Sheet (TSS)

#### Page 3 - Client Team Review & Acceptance

Client Team Review (if applicable)	
Supervisor	Stakeholder Manager
Name: <input type="text"/>	Name: <input type="text"/>
Comment:          	Comment:          
FM / AE / AP Coordinator	Other
Name: <input type="text"/>	Name: <input type="text"/>
Comment:          	Comment:          

Recommended status by Supervisor (Client Representative)		
<input type="checkbox"/> A - Accepted	<input type="checkbox"/> B - Accepted with comments	<input type="checkbox"/> C - Rejected
<i>(Collate/reference comments here from Client Team Review deemed applicable. Comments not collated/referenced here will be disregarded by the Contractor)</i>		
Comments:          		