

## 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	-	000050	-	S4	-	C01
<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>	Vision glass GD05 (quieter elevations)
<b>*Manufacturer:</b>	Not yet selected
<b>*Model Number:</b>	NA
<b>*Colour reference:</b>	Interpane ipasol ultraselect 62/29
<b>*Other data:</b>	NA
<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>	Vision glazing GD05
--	---------------------

**Photos:**





### Sample Sign Off Sheet (TSS)

Page 2 - Contractor Review															
Reviewed by Consultant Architect / Landscape <i>(if applicable)</i>				Reviewed by Consultant Structural / Civils <i>(if applicable)</i>				Reviewed by Consultant MEP <i>(if applicable)</i>				Reviewed by Consultant Fire <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:			
Reviewed by Consultant Acoustic <i>(if applicable)</i>				Reviewed by Consultant MEP Contractor <i>(if applicable)</i>				Reviewed by Consultant Other <i>(if applicable)</i>				Reviewed by Consultant Other <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:			

Reviewed by Bouygues UK Package Manager															
Name:															
Comment:															

Reviewed by Bouygues UK Design Manager															
Name: <b>Thomas Daneels</b>															
Comment:  <b>No comment</b>															



### 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:          		