

Sample Sign Off Sheet (TSS)

Page 1 - Supplier to complete

*Project	Oriel
*Originator	Permasteelisa
*Name of issuer	F.Gianotten

*Document Reference																
ORL	-	PER	-	XX	-	XX	-	TSS	-	K	-	004010	-	S4	-	C05
<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>

*Description of Product:	Finished terracotta tile sample
*Manufacturer:	Not yet selected
*Model Number:	NA
*Colour reference:	RAL 9001 cream (gloss/matt)
*Other data:	NA
*TPS Reference:	ORL-PER-XX-XX-TPS-K-004010

*Location of product within building <i>(attach markup drawing where necessary):</i>	Spandrel/opaque zones, various levels
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Photos:



Gloss



Matt

Please select one of the finish options presented here



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 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:															
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: Gloss finish as client and planners request.	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: A		