

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	-	190100	-	S4	-	C02
Project		Originator	Functional Breakdown		Spatial Breakdown		Form		Discipline		Number		Suitability		Revision

*Description of Product:	2X2 VMU
*Manufacturer:	Scheldebouw B.V.
*Model Number:	NA
*Colour reference:	Various
*Other data:	NA
*TPS Reference:	Not applicable

*Location of product within building (attach markup drawing where necessary):

NA - Mock-up

Photos:





 $TSSs\ represented:$

- TSS-K-000050 vision glazing quiet elevations (GD05)
- TSS-K-000060 spandrel glazing (GD06)
- TSS-K-001060 internal frames PPC finish
- TSS-K-002030 extrusion finishes
- TSS-K-004010 terracotta tiles

The materials displayed in this Mock-up are not water and weather resistant so need to kept safe from weather influence.

Whilst every effort has been taken to mimic Project conditions, the materials displayed in this Mock-up are for color indication only and are technically not representative for the final Project materials due to the current stage and ongoing development of the Project. Production and application related variations are possible. Final Project production samples will be provided in due course.

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Sample Sign Off Sheet (TSS)

				P	age	2 -	Con	tractor	Re	vieu	V										
	viewed by Consultant rchitect / Landscape (if applicable)	Rev	Rev	Reviewed by Consultant Fire (if applicable)																	
Name:		Name:						Name:						Name:							
Status:	□ A □ B □ C	Status:		Α		В	С	Status:		Α		В		Status:		Α		В			
Comme	ent:	Commer	nt:					Comme	nt:					Comme	nt:						
Rev	viewed by Consultant	Reviewed by						Rev	viewe			ultan	t	Rev	Reviewed by Consultant						
	Acoustic (if applicable)		MEP Contractor (if applicable)						(if	Oth appli	er <i>cable)</i>)			Other (if applicable)						
Name:		Name:	(// C	ррисс	ibicj			Name:	["	арріп	cabicj			Name:		ирри	cubic)				
Status:		Status:		Α		В	С	Status:	П	Α		В		Status:		Α		В			
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Comme	ant.	Re	eviev	wed	by E	Bouy	/gue	es UK D	esig	gn M	lana	ger									
Name:																					
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Sample Sign Off Sheet (TSS)

Page 3 - Client Team	n Review & Acceptance
Client Team Rev	riew (if applicable)
Supervisor	Stakeholder Manager
Name:	Name:
Comment:	Comment:
FM / AE / AP Coordinator	Other
Name:	Name:
Comment:	Comment:
Recommended status by Su	pervisor (Client Representative)
☐ A - Accepted ☐ B - Accepted v	vith comments \square C - Rejected
	Client Team Review deemed applicable.
	e will be disregarded by the Contractor)
Comments:	

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