

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	-	002045	-	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>

*Description of Product:	Extrusions, Bronze Anodised
*Manufacturer:	Gartner Extrusions
*Model Number:	NA
*Colour reference:	C31 Bronze anodised
*Other data:	NA
*TPS Reference:	ORL-PER-XX-XX-TPS-K-001030

*Location of product within building <i>(attach markup drawing where necessary):</i>	FT-03 Louvres L01-05
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Photos:




Note: for colour reference of the anodising only



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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: 	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: 		