


Sample Submission Form

Project Name:	UCL IoN DRI	Project number:	EN20019				
Trade contractor:	VGW	Package number:	TBC				
Sample Number:	BEMP-ISG-P2-XX-SAM-X-XX-0005	Rev:	P01	Date Submitted:			
Description of sample / reasons for this issue:							
Aluminium curtain wall - Anodized C33/Alubronze 03.							
VGW sample reference for plot 1 - Sample 9006							
Sample Title:	Plot 2 - Bronze anodised aluminium curtain wall frame						
Manufacturers details:	Supplier - VGW. Manufacturer - Alumat..						
Installation details:	Refer to Architects drawings and specifications.						
Insert picture / pictures of Sample:							
							
Specification reference:	BEMP-HBA-P2-XX-SP-A-00-0811 – Aluminium Cladding H11/110						
Is the proposal specification compliant?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/> Give reason below:					
Is this item covered by the Construction Product Regulations? (e.g., UKCA / UKNI / CE (European union only) marking)	YES <input checked="" type="checkbox"/> Answer question below.	NO <input type="checkbox"/>					
If YES; is the item marked or a declaration of performance supplied in accordance with the relevant standard.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/> Give reason below:					
Is the proposal an alternative to specification?	YES <input type="checkbox"/> Answer question below.	NO <input checked="" type="checkbox"/>					
Details of reason for deviation from specification / alternative to specification:							
REVIEW PROCESS							
ISG:		Name:		Signed:		Date:	

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ISG

Comments:				Proposed status: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			
Consultant:		Name:		Signed:		Date:	
Comments:				Proposed status: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			
Consultant:		Name:		Signed:		Date:	
Comments:				Proposed status: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			
Consultant:		Name:		Signed:		Date:	
Comments:				Proposed status: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			
Project Manager:		Name:		Signed:		Date:	
Comments:				Proposed status: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			

SUPERVISORS FINAL AGREED STATUS			
Name:	Signed:	Date of Approval:	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Comments::			