

Sample Submission Form

Project Name:	UCL IoN DRI	Project number:	EN20019		
Trade contractor:	TBC	Package number:	TBC		
Sample Number:	BEMP-ISG-P2-XX-SAM-X-XX-0006	Rev:	P01	Date Submitted:	
Description of sample / reasons for this issue:					
Crittall Window - Double glazed – T60.					
Primed and Interpon D36 polyester powder coated - RAL 9010					
1 sample of fixed window & 1 sample of top hung					
Sample Title:	Plot 2 - Double-glazed windows (corner sample).				
Manufacturers details:	Crittall Windows Ltd				
Installation details:	Refer to Architects drawings and specifications.				
Insert picture / pictures of Sample:					
					
Fixed Window					

Sample Submission Form



Fixed window



Top hung window

Sample Submission Form



Top hung window

Specification reference:	BEMP-HBA-P2-XX-SP-A-00-1210 - Windows L10/310	
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"/>

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Details of reason for deviation from specification / alternative to specification:							
REVIEW PROCESS							
ISG:		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"/>	
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::			