

DHSI • DOOR AND HARDWARE SYSTEMS, INC.

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Installation Checklist
For Industry Allowable Tolerances

→ These forms can be completed on our website at: dhsi-seal.com/inspectionforms.htm ←

Minimum Clearances For Satisfactory Performance

DHSI is looking to see IF there is bind, and if so, on what opening and WHERE. "Cush 'N' Seal" should work with only one credit card (1/32") clearance as shown. Minimum industry tolerance is 1/16".

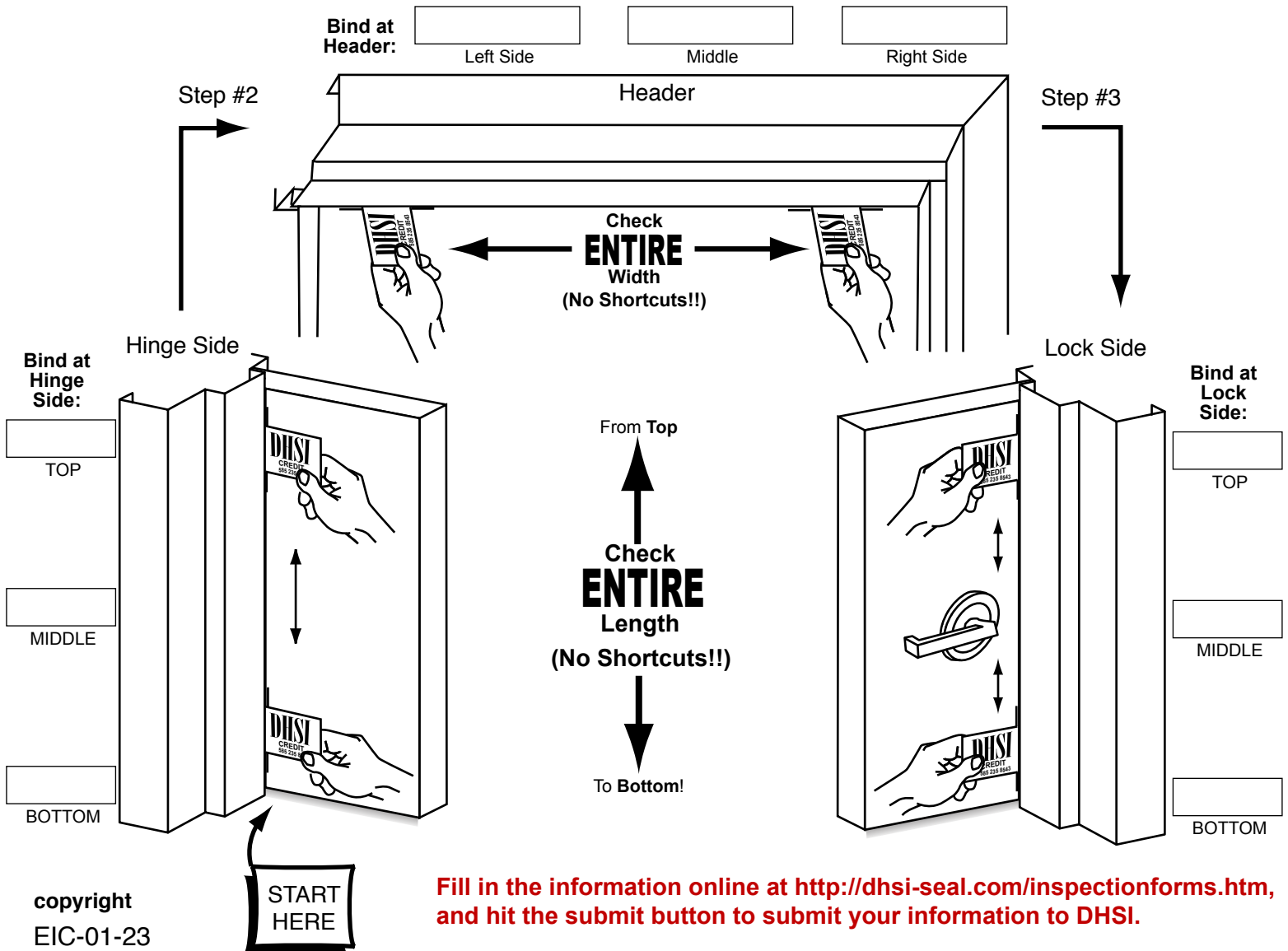
- If doors are not hung, simply write "NA" (not applicable) in place of the door numbers.
- If doors are already hung in frames, inspect five random openings for the minimum clearances. At the bottom of this form, type in the room numbers of the five openings inspected or write "MU" if it is a mock-up room. If any interference occurs on either side of the door at any point, type the door # on the illustration where the interference occurs. If there is no bind at any door, check the box that indicates no bind was found. Complete all requested information and submit to DHSI to register this project and validate the performance-based warranty.

If bind occurs enter door numbers in the fields provided. The boxes will accept more than one location number. Separate door numbers with a comma. When you hit submit, both DHSI and you will receive a copy showing all the numbers via e-mail.

If binding is found on any doors enter the door numbers in the boxes provided below.

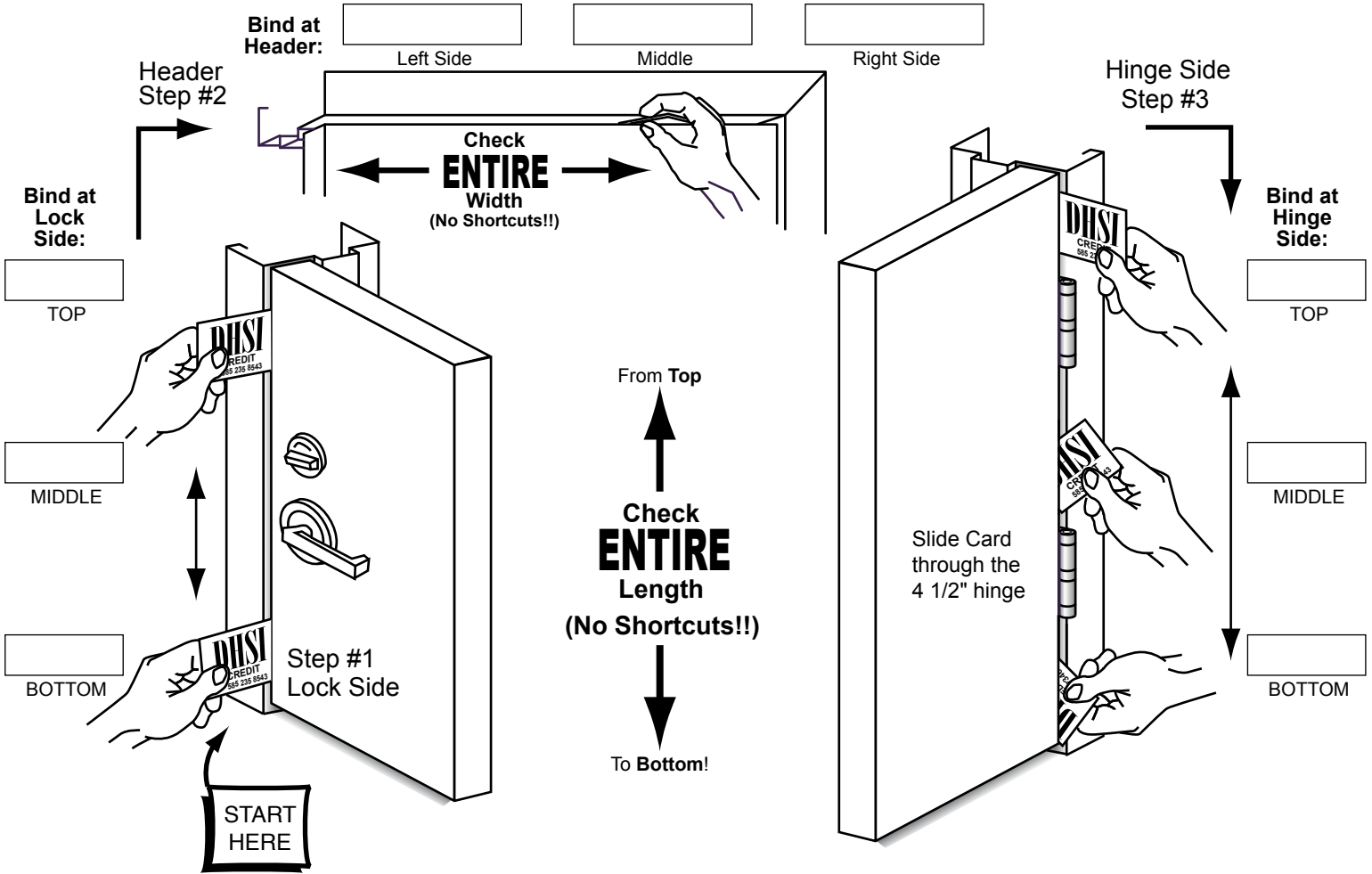
SELECT ONE: No Doors Binding Doors Binding as noted below

Standing on Hall Side - Outside the Room



⇒ These forms can be completed on our website at: dhsi-seal.com/inspectionforms.htm ⇐

Standing on Room Side - Inside the Room



For your records, we suggest you [Click Here to Download Industry Standards & Recommended Guidelines for Installation](#) If there is any bind, the cause will be found on these three pages.

Fill in the information online at <http://dhsi-seal.com/inspectionforms.htm>, and hit the submit button to submit your information to DHSI.

*Required fields

Information Received By:

| | |
|---|--|
| *Site Supervisor or Proj. Mgr: _____ | *Date: _____ |
| *General Contractor: _____ | *Openings Inspected #: _____ |
| *GC Office Phone #: _____ | *Project Name: _____ |
| *GC Email Address: _____ | *Project City: _____ |
| *GC City: _____ | *Project State: _____ |
| *GC State: _____ | |
| *Check Frame: <input type="checkbox"/> Timely/Rediframe <input type="checkbox"/> Hollow Metal <input type="checkbox"/> Wood | *Check Door: <input type="checkbox"/> HM <input type="checkbox"/> Wood |

Comments: _____

For your convenience: Your number or file name reference: _____