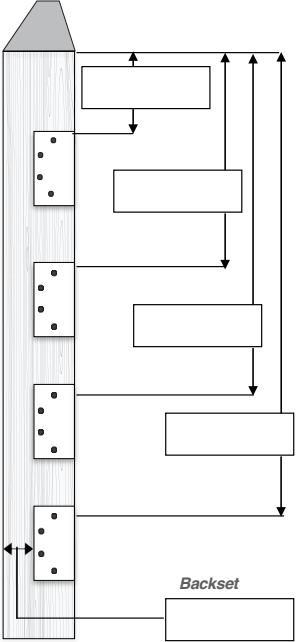
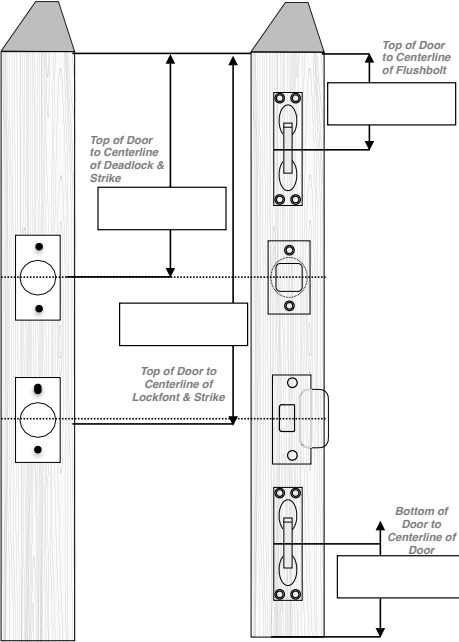


# Form C S ingle w / Lock

|                                                                                   |                                  |                          |                                                                       |                                                   |                             |
|-----------------------------------------------------------------------------------|----------------------------------|--------------------------|-----------------------------------------------------------------------|---------------------------------------------------|-----------------------------|
|  | <b>Frame Width :</b>             | <b>Frame Height :</b>    | <b>Fire Label Type:</b>                                               | <b>Edges:</b>                                     | <b>Sheet # :</b> <b>Of:</b> |
|                                                                                   | <b>Hinge Gap :</b>               | <b>Tap Gap :</b>         | <input type="checkbox"/> <b>Neutral Pressure (UL 10B)</b>             | <input type="checkbox"/> <b>B2 (Bevel 2)</b>      | <b>Customer :</b>           |
|                                                                                   | <b>Gap Between Door :</b>        | <b>Undercut :</b>        | <input type="checkbox"/> <b>Positive Pressure Category A (UL 10C)</b> | <input type="checkbox"/> <b>S2 (Square 2)</b>     |                             |
|                                                                                   | <b>Active Door Net Width :</b>   | <b>Door Net Height :</b> | <input type="checkbox"/> <b>Positive Pressure Category B (UL 10C)</b> | <input type="checkbox"/> <b>R2 (Radius 2)</b>     | <b>Po No :</b>              |
| <b>Finish :</b>                                                                   | <b>Inactive Door Net Width :</b> | <b>Door Thickness :</b>  |                                                                       | <input type="checkbox"/> <b>BL (Bevel Lock)</b>   | <b>Date :</b>               |
|                                                                                   |                                  |                          |                                                                       | <input type="checkbox"/> <b>BH (Bevel Hinge)</b>  |                             |
|                                                                                   |                                  |                          |                                                                       | <input type="checkbox"/> <b>RH (Radius Hinge)</b> |                             |

| <h3>Hinges</h3> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>Model :</b></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>Template :</b></div> <div style="border: 1px solid black; padding: 5px;"><b>Frame Mfg :</b></div>  | <div style="display: flex;"> <div style="flex: 1;"> <h3>Lock</h3> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>Model :</b></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>Template :</b></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>DL Template:</b></div> <div style="border: 1px solid black; padding: 5px;"><b>Backset :</b></div> </div> <div style="flex: 1;"> <h3>Strike</h3> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>Flushbolt Model :</b></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>Template :</b></div> </div> </div>  | <h3>Hardware Blocking</h3> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <b>HB-1 (Closer)</b><br/> <input type="checkbox"/> <b>HB-3 (Top &amp; Bottom Pivot)</b><br/> <input type="checkbox"/> <b>HB-6 (Midrail)</b><br/> <input type="checkbox"/> <b>HB-8 (SVR / CRV Exit)</b> </div> <div> <input type="checkbox"/> <b>HB-2 (Bottom Pivots)</b><br/> <input type="checkbox"/> <b>HB-4 (Firm &amp; Exit)</b><br/> <input type="checkbox"/> <b>HB-7 (Flushbolt)</b><br/> <input type="checkbox"/> <b>HB-9 (Coat / Robe Hook)</b> </div> </div> <p><i>Refer to Aberdeen Technical Data</i></p> <h3>Viewer</h3> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>Model :</b></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>Template :</b></div> <div style="border: 1px solid black; padding: 5px;"><b>Location : Top Down</b></div> <h3>Vision Lite :</h3> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>Size</b><br/>W :      H:</div> <p><i>Requires Form L</i></p> <h3>Louver :</h3> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>Size</b><br/>W :      H:</div> <p><i>Requires Form L</i></p> | <h3>Remarks</h3> <div style="border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Handing</th> <th style="width: 10%;">Qty</th> <th style="width: 70%;">Id/Mark #<br/><small>For more mark use Form K</small></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>LHA</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>RHA</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>LHRA</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>RHRA</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>Total :</b></td> <td></td> <td></td> </tr> </tbody> </table> | Handing | Qty | Id/Mark #<br><small>For more mark use Form K</small> | <b>LHA</b> |  |  | <b>RHA</b> |  |  | <b>LHRA</b> |  |  | <b>RHRA</b> |  |  | <b>Total :</b> |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|------------------------------------------------------|------------|--|--|------------|--|--|-------------|--|--|-------------|--|--|----------------|--|--|
| Handing                                                                                                                                                                                                                                                                                                                                                                      | Qty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Id/Mark #<br><small>For more mark use Form K</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |     |                                                      |            |  |  |            |  |  |             |  |  |             |  |  |                |  |  |
| <b>LHA</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |     |                                                      |            |  |  |            |  |  |             |  |  |             |  |  |                |  |  |
| <b>RHA</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |     |                                                      |            |  |  |            |  |  |             |  |  |             |  |  |                |  |  |
| <b>LHRA</b>                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |     |                                                      |            |  |  |            |  |  |             |  |  |             |  |  |                |  |  |
| <b>RHRA</b>                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |     |                                                      |            |  |  |            |  |  |             |  |  |             |  |  |                |  |  |
| <b>Total :</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |     |                                                      |            |  |  |            |  |  |             |  |  |             |  |  |                |  |  |