



INSPECTION CHECKLIST:

Dock Doors, Dock Levelers, and Hollow Metal Doors

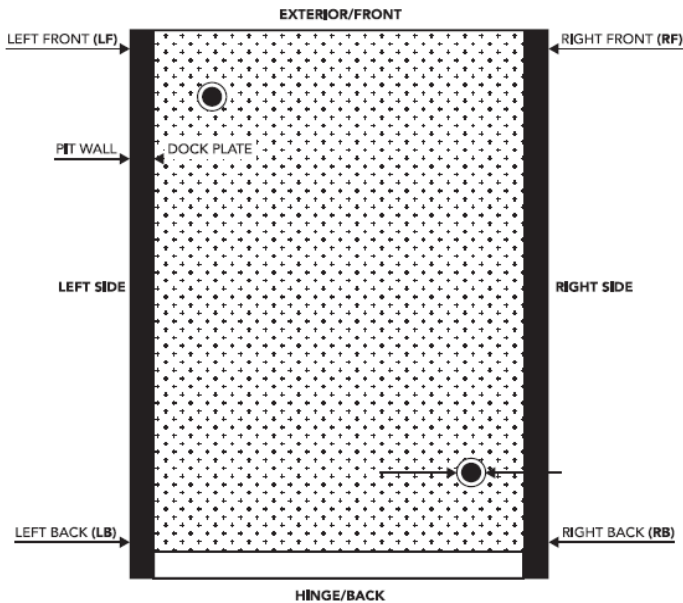
CUSTOMER: _____
 ADDRESS: _____
 CONTACT: _____

STORE #: _____ SVC TICKET #: _____
 CITY: _____ STATE: _____
 PHONE: _____

WORK ORDER #: _____
 ZIP: _____
 DATE: _____

Door Location / Description*	Door Size	Model #	Xcluder Material	Is Light Visible
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Dock Location / Description*	Dock Size	Model #	Xcluder Material	Is Light Visible
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			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO



1. Measure gap from LEVELER TOE GUARDS to PIT WALL, excluding retainers or shims. THESE SHOULD BE REMOVED DURING INSTALL.

Left Front: _____
 Left Back: _____
 Right Front: _____
 Right Back: _____

2. PHOTOGRAPH the following:

- Gaps at the LF, LB, RF, RB
- Hinge
- Front Edge w/Door Open
- Front Edge w/Door Closed

3. Measure DIAMETER of PULL CHAIN CUPS: _____

4. Measure gap from back of tread plate to rear transition: (Area where rear of dock leveler pivots when activated) _____

5. Is the gap clear of obstructions, hinge points? _____

Notes: _____

Xcluder- Dock Door Survey

Door Type: Sectional ___ Rolling Steel ___ Metal Sheet Door ___

Knockout Style Door Type: TKO ___ MXV ___ Other _____

Rough Opening Width: _____
(to nearest 1/4")

Rough Opening Height: _____
(to nearest 1")

Sectional Door Panel Thickness: _____

Rolling Steel: Measurement from Inside of Jamb to Door Curtain _____

Jamb Type: (check one)

Block Wood Steel

Masonry Insulated Panel

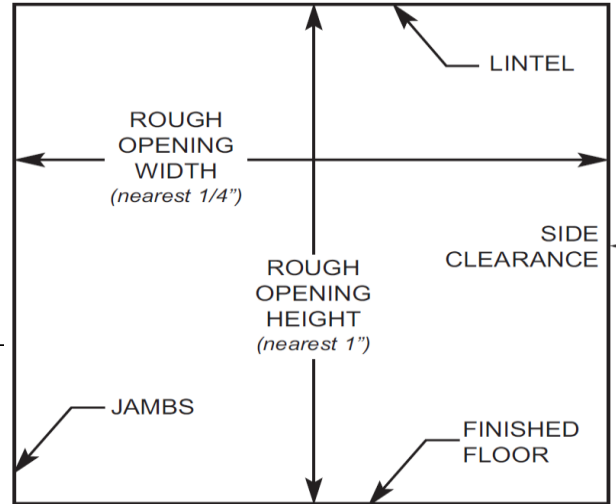
Track Size: 2" 3"

New Jambs Required: No Yes If yes, type required: _____

Weatherstrip: Header ___ Jamb ___ Bottom ___ Type: _____

(Xcluder Vertical Side Seal Kit includes materials for jambs and door header)

Special Notes: _____



Xcluder- Hollow Metal Door Survey

Single Door: ___ Double Doors: ___

Panel Width: 36" ___ 48" ___ 96" ___ Other (please specify) _____

Door Opening Height: _____

Gap Height from Finished Floor to Bottom of Door: _____ (if floor is uneven, Automatic Door Bottom Seal should be considered)

Manual Door (yes/no): _____

Automatic Closing Device (yes/no): _____ (if yes, Automatic Door Bottom Seal should be considered)

Vertical Seal Present (yes/no): _____ (Vertical Astragal Seal should be considered and quoted as an option)