

Interspec Systems Limited 995841 Mono/Adjala Townline, RR1 Rosemont, Ontario, Canada LON 1R0 Toll free (866) 888-8981 Tel (705) 435-3780 Fax (705) 435-3770



Description		
Section		
Project		
Prepared by		
Date		Submittal
Quote #	Re-submittal Rev #	
PO #		
CONTACT INFORMATIC	DN	
NAME	TITLE	PHONE



www.interspecsystems.com



SUBMITTAL PACKAGE INSTRUCTIONS

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY. COMPLETING THE INFORMATION CORRECTLY WILL ENSURE THAT PRODUCTION OF YOUR PROJECT REMAINS ON SCHEDULE.

STEP 1

Review submittal package thoroughly. The following documents require information and/or sign-offs.

A) VERIFICATIONS PAGE

- All involved parties should sign this page to verify the approved drawings and information met all requirements.
- All applicable information should be filled in and initialed where requested.

B) DRAWINGS

- Each drawing should be examined closely to ensure accuracy of details.
- All applicable signatures on each drawing are MANDATORY before production can begin.

STEP 2

Return the approved submittal package to Interspec.

A) EMAIL OR FAX (preferred method):

- Obtain the email address from your Interspec Sales Representative and email scanned copy of the package;
- OR fax to the attention of your Interspec Sales Manager to our fax (705) 435-3770.

B) MAIL:

• Make a photocopy of the approved submittal package for your own records before mailing. Address package to: Interspec Systems Limited

995841 Mono/Adjala townline, RR#1 Rosemont, Ontario, Canada LON 1R0

STEP 3

• After sending your approved submittal package, contact Interspec to ensure it has been received. **Toll free**: (866) 888-8981 or **direct** (705) 435-3780

THIS SHOP DRAWING BOOKLET INCLUDES					
Manufacturing Verifications	\checkmark				
Elevation Drawing(s)	\checkmark				
Installation Instructions	\checkmark				
Manufacturing of this product(s) covered by this shop drawing booklet will not commence until					

shop drawing booklet will not commence until all verifications are initialed where required and information provided where required.

IMPORTANT

The following statement forms an integral part of this shop drawing submittal. By approving and returning this submittal, the customer <u>acknowledges</u> and accepts the following statement.

THE INFORMATION HEREIN FORMS A "MANUFACTURING BLUEPRINT" AND SHALL TAKE PRECEDENCE OVER ALL OTHER DOCUMENTATION, INCLUDING BUT NOT LIMITED TO, PROJECT SPECIFICATIONS, ADDENDA, AND DRAWINGS.

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SHIPPING VERIFICATIONS INFORMATION NEEDED TO PROCESS ORDER

CLIENT	NAME / DATE					
DELIVERY DATE	SHIP TO ADDRESS					
REQUESTED DELIVERY DATE	SHIP TO NAME					
	STREET NUMBER	STREET NA	ME			
APPROVED BY	CITY	PROVINCE	POSTAL CODE			
RECEIVING	INFORMATION					
On Site Contact	Contact Phone					
Secondary/Emergency Contact	Secondary Con	itact Phone				
Hours for Delivery						
Type of receiving dock Ground Level Elevated	Other					
Restrictions						
Type of truck required LTL Direct PU truc	k Other					
Equipment on site to unload & remove order/shipment from	truck EForklift	Pallet jack	Other (specify below)			
Comments						
 IMPORTANT Delays in returning the shipping verification page, WILL CAUSE DELAYS Verify information is correct and provide remaining information necessary Interspec cannot be held responsible for delays in transportation. Unloading and receiving of the equipment at job site is the responsibility Transportation charges will be invoiced as per quote. 	y to process order. of the customer.	Re-direction has left our o cost to the o	LEASE NOTE: of any shipment after it dock will incur additional customer. Please ensure staff is available on site.			
APPROVED BY PHONE		DATE				
Interspec Systems Limited 995841 Mono/Adja Toll free (866) 888-8981 Tel (2			, Canada LON 1R0			

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School Control Panel Form - A



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DEVICE DETAILS						
Date:	Customer:					
School:	Contact Name:		Delivery Date:			
PLASTIC LAMINATE COLOURS						
Please select 2 colours (an alternate in case y	your first selection has b www.pionite.com		selected are from a standard colour range. .com WILSONART www.wilsonart.com			
Selection 1 COLOU	R		MANUFACTURER			
Selection 1 COLOU	R	MANUFACTURER				
DETAILS REQUIRED						
LIGHT SWITCHES			DUPLEXES			
☐ 120 v ☐ 347 v ☐ toggle ☐ d	ecora	other	decora style			
THERMOSTAT			PA CALL SWITCH			
7/8 hole 1104 box		1 3/8" x 13/16 punch out 1104 box				
FIRE ALARM			CLOCK			
1104 box other		Flush mount battery	1104 box			
VOICE /DATA			OTHER DEVICES			
blank 1104 box						
Other comments:						
Target Completion Date of Project:	•		(s) are required on all drawings as authorization to oduction will not commence without signed drawings			
Approved by:	•	Please note that any delays in with incomplete or inacurrate in	returning the approved submittals, or returning them formation, WILL CAUSE DELAYS IN DELIVERY g electrical and communication services.			
Phone:	•	Please verify that the above inf and supply the remaining inforr	ormation (where already provided) is correct nation necessary to process the order.			
Date:		the verification sheet will take p	between drawings and verification sheets recedence over the drawings. after receipt of approved, signed shop drawings.			

School Control Panel Form - B



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ROOM SCHEDULE

School:

Customer:

Room #	Ceiling Height	Panel Height	# of Switches	Left or Right Switches	Duplexes	Voice/Data	T-stat	PA Call Switch	Fire Alarm	Clock	Other	Other

TOTAL QUANTITY OF UNITS