

INSTALLATION QUESTIONNAIRE



Please complete all fields prior to your scheduled installation.

800-298-0473 | create@workbenches.com

CONTACT INFORMATION

Description:	<input type="text"/>	Company:	<input type="text"/>
First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

PROJECT DETAILS

Is this related to a Workbenches.com manufactured project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Quote Number:	<input type="text"/>	Version Number:	<input type="text"/>
Design Consultant:	<input type="text"/>	Number of Benches:	<input type="text"/>

INSTALLATION PLACE

Is there a dumpster at the install location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there an area for staging?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will there be a forklift or pallet jack available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

BUILDING SPECIFICATIONS

Type of environment / rooms:	<input type="text"/>	Is there clearance to receive a 54' semi?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Building Specifications:	<input type="text"/>	Is building access through a doorway?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there loading dock access?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are reservations for elevator needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NUMBER OF ROOMS & DISTANCE

What is the floor number?	<input type="text"/>	Number of Rooms:	<input type="text"/>
Distance from unloading point to install point :	<input type="text"/>		

DELIVERY DATE

Can we be on site during non-business hours?	<input type="text"/>		
Earliest Delivery:	<input type="text"/>	Latest Delivery:	<input type="text"/>

PRIMARY POINT OF CONTACT

Name:	<input type="text"/>	POC Mobile Number:	<input type="text"/>
Can the Primary Point of Contact sign off on the installation?	<input type="text"/>		

LOCATION

Country:	<input type="text"/>	Address:	<input type="text"/>
City, State:	<input type="text"/>	ZIP Code:	<input type="text"/>

HOURS OF ACCESSIBILITY

Start Hours	<input type="text"/>	End Hours:	<input type="text"/>
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ACCESS YOUR FACILITY

Do the installers require any permits or paperwork to access your facility?	<input type="text"/>
Will there be a photo ID requirement?	<input type="text"/>