

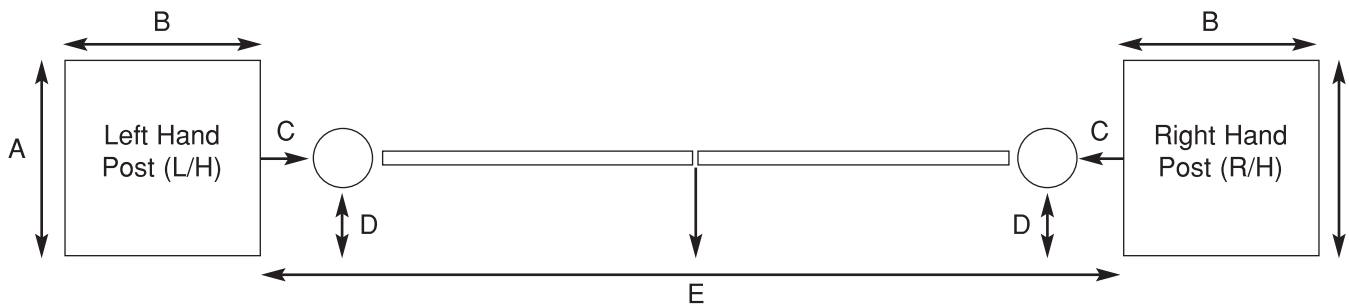
SITE ASSESSMENT FORM



PLEASE COMPLETE THE FORM AND FAX BACK TO
0115 9210431

YOUR DETAILS	OBJECTIVES
Company Name:.....
Address:.....
.....
Tel. No.
Fax No.
Email:
Contact:
Site:

PLAN OF GATEWAY (viewed from above)



GATE MEASUREMENTS				OTHER DETAILS
	Plan Ref.	L/H Post	R/H Post	
Depth of Post (mm)	A	.....	.....	Gate Material:
Width of Post (mm)	B	.....	.....	Weight of Gate: .....KG
Hinge centre to inside face of post (mm)	C	.....	.....	Open pattern <input type="checkbox"/> or Closed Boarded <input type="checkbox"/>
Hinge centre to rear face of post (mm)	D	.....	.....	Post material:
Width of Entrance (mm)	E	.....	.....	Driveway Surface:.....
				Gate Stops: Yes <input type="checkbox"/> No <input type="checkbox"/>
				Gates Open: Inwards <input type="checkbox"/> Outwards <input type="checkbox"/>
				Driveway: Level <input type="checkbox"/> Inclined <input type="checkbox"/>
				Light <input type="checkbox"/> or Heavy <input type="checkbox"/> use.
				(Heavy use is more than 6 operations per hour)