



## Site Verification Requirements Checklist

|                                                                                                                             |                      |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------|
| Completed by:                                                                                                               | Date:                |
| Customer:                                                                                                                   | Project Name:        |
| Contact Name:                                                                                                               | Contact Cell Number: |
| Installation Address:                                                                                                       |                      |
| Orangebox Product List: <input type="radio"/> Campers&Dens <input type="radio"/> On the QT <input type="radio"/> Air3       |                      |
| Are there site access plans? <input type="radio"/> Yes <input type="radio"/> No                                             |                      |
| Is the Site: <input type="radio"/> New building <input type="radio"/> Existing Buildin <input type="radio"/> Remodeled Site |                      |
| What is the preliminary schedule:                                                                                           |                      |

### INSTALLATION DATA

|                                                 |                               |                                 |                                       |
|-------------------------------------------------|-------------------------------|---------------------------------|---------------------------------------|
| Labor:                                          | <input type="radio"/> Union   | <input type="radio"/> Non-Union | <input type="radio"/> Prevailing Wage |
| Installation Hours:                             | <input type="radio"/> Regular | <input type="radio"/> Overtime  | <input type="radio"/> Double - Time   |
| Are there work time restrictions?               | <input type="radio"/> Yes     | <input type="radio"/> No        | <div>Describe:</div>                  |
| Who will be responsible for final clean?        | <input type="radio"/> Us      | <input type="radio"/> Other     |                                       |
| Background Check Required:                      | <input type="radio"/> Yes     | <input type="radio"/> No        |                                       |
| Special Parking Requirements:                   | <input type="radio"/> Yes     | <input type="radio"/> No        |                                       |
| Seismic Zone:                                   | <input type="radio"/> Yes     | <input type="radio"/> No        |                                       |
| Off Load Location:                              | <input type="radio"/> Street  | <input type="radio"/> Dock      |                                       |
| Off Loading Hours:                              | <input type="radio"/> Regular | <input type="radio"/> OT        |                                       |
| Dock Height:                                    |                               |                                 |                                       |
| Dock Reservation Required:                      | <input type="radio"/> Yes     | <input type="radio"/> No        |                                       |
| Off Loading Restrictions:                       | <input type="radio"/> Yes     | <input type="radio"/> No        |                                       |
| Forklift Required: (with extra long forks)      | <input type="radio"/> Yes     | <input type="radio"/> No        |                                       |
| GC/Jobsite Providing Forklift:                  | <input type="radio"/> Yes     | <input type="radio"/> No        |                                       |
| Air3 and/or Campers and Dens Trained Installer? | <input type="radio"/> Yes     | <input type="radio"/> No        |                                       |
| NOTES:                                          |                               |                                 |                                       |

### TRASH

|                    |                           |                              |                                 |
|--------------------|---------------------------|------------------------------|---------------------------------|
| Dumpster Provided: | <input type="radio"/> Yes | <input type="radio"/> No     |                                 |
| Who removes trash? | <input type="radio"/> GC  | <input type="radio"/> Dealer | <input type="radio"/> Installer |

NOTES:

### ELEVATOR TYPE

|                                                            |                             |                                  |
|------------------------------------------------------------|-----------------------------|----------------------------------|
| Freight Elevator Available                                 | <input type="radio"/> Yes   | <input type="radio"/> No         |
| Passenger Elevators Available                              | <input type="radio"/> Yes   | <input type="radio"/> No         |
| Number Available:                                          |                             |                                  |
| Reservation Required:                                      | <input type="radio"/> Yes   | <input type="radio"/> No         |
| Hours Available:                                           |                             |                                  |
| Elevator Door - Height and Width:                          |                             |                                  |
| Elevator Cab Dimensions - Heigh, Width, Depth:             |                             |                                  |
| Ceiling Removable                                          | <input type="radio"/> Yes   | <input type="radio"/> No         |
| Protection Required to Prevent Damage to Product/Elevator: | <input type="radio"/> Yes   | <input type="radio"/> No         |
| Describe:                                                  | <input type="radio"/> Stair | <input type="radio"/> Hand Carry |

### SITE AND BUILDING CONDITIONS

|                                              |                               |                                    |                             |
|----------------------------------------------|-------------------------------|------------------------------------|-----------------------------|
| Staging Area:                                | <input type="radio"/> On Dock | <input type="radio"/> On Floor     |                             |
| Floor/Building/Facility Protection Required: | <input type="radio"/> Yes     | <input type="radio"/> No           |                             |
| Floor Type:                                  | <input type="radio"/> Slab    | <input type="radio"/> Raised Floor |                             |
| Is the floor level at Orangebox Product      | <input type="radio"/> Yes     | <input type="radio"/> No           | <input type="radio"/> Other |

### SITE AND BUILDING CONDITIONS

|                                       |                           |                          |
|---------------------------------------|---------------------------|--------------------------|
| Record verified Ceiling Heights:      |                           |                          |
| Is there HVAC interference?           | <input type="radio"/> Yes | <input type="radio"/> No |
| Is there light fixture interference?  | <input type="radio"/> Yes | <input type="radio"/> No |
| Is there fire sprinkler interference? | <input type="radio"/> Yes | <input type="radio"/> No |
| NOTES:                                |                           |                          |

### ELECTRICAL, VD & A/V INFORMATION

|                  |                             |                               |
|------------------|-----------------------------|-------------------------------|
| Power Locations: | <input type="radio"/> Floor | <input type="radio"/> Ceiling |
| J Box Location:  |                             |                               |

|                                    |                           |                          |
|------------------------------------|---------------------------|--------------------------|
| Does it match the electrical plan? | <input type="radio"/> Yes | <input type="radio"/> No |
|------------------------------------|---------------------------|--------------------------|

Confirm with electrician distance from building service to pod locations. long enough?