Nortex Modular Space Needs Assessment Checklist
Fax to 972-492-2704 Attn: Sales

Customer: _____
Site Location:
_____

Type of Facility: Office _____ Classroom ____ Medical ____Other _____

Primary Use: _____ # People _____ # Private Offices_____
Classrooms _____ Size_____ Ages Occupants _____ Restrooms _____
Janitors Closet ___Coffee Bar __ Breakroom ___Conference Room _____

Roof Pitched _____ Metal_____ Shingle_____Membrane roof (EPDM) black____Gutters ____
Mansard False ____ Steel _____ Stucco with overhang ____None _____
Exterior Siding Stucco____Site applied stucco ___Hi-Steel__._019 Aluminum__.010 Steel___
Floor Covering Tile 1/8____Vinyl base ____Carpet base ___Prefinished base__
Carpet ___20oz.____260z., unitary backing____280z. nylon_____
Interior Walls VCG____1/2"____5/8" fire-x____Wood Paneling ____FRP restrooms ____
Full height to rafters _____ Insulated _____
Ceiling Hard deck (Trailer Ceiling)___7'10" layin____8'8" layin ____9'4"-9'8" 2'x4'__ 2'x2'___
AC Wallmount_____Roof Mount____Split System __Zoned_____
External Doors Metal___GS100 (trailer door)___GS300 steel door, aluminum frame
Republic steel door, steel frame____Vision Panel ___Commercial Glass __Single__Double___
Internal Doors Solid Core___Hollow Core__Trailer Door (jambless)__Pencil window
Windows Horizontal Sliders 46"W x 27"H – single glaze____
Vertical Sliders 24"W x 53" Tall – single glaze_____
Double Insulated Glass 24x60___36x60_____36x48___48x48____
Bronzed____Mill___Miniblinds_____
Electrical Romex___Flexible conduit____EMT_____
Telecom j-box stub up above ceiling____Stub down through floor_____ ½"___ ¾" ____
Plumbing Water lines Plastic____Copper___ Drinking fountain _____ Janitor Sink _____
Lighting Layin 4tube_____Hardceiling 2tube fixture (surface mount)___Recessed 2 tube____
Casework length of counter _____ Upper cab ____ Lower cab ____ Drawers ____ Shelves ___
Single sink small ____ Single sink large _____ Double Sink _____
Decks/Steps Treated Wood ____ Cedar _____ Concrete with pipe handrails _____
Canopy over decks Treated wood _____ Stucco ____ Shingle roof ____ Membrane _____
Foundation Poured footings _____ Existing parking lot _____ Pads and piers on dirt _____
Codes: IBC NEC ADA IPC IMC_____Non Code_____ County only _____ Name _____

Notes
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