

**PVC STRIP CURTAIN PROJECTION
 MOUNT - SURVEY SHEET**

Date: _____

Telephone: Toll free 1-800-263-8334 Fax: (905) 528-8128 E-mail: info@sopers.com

Company name: _____
 Address: _____
 Contact: _____
 Telephone #: _____
 Fax #: _____
 Area where strip curtain is required: _____

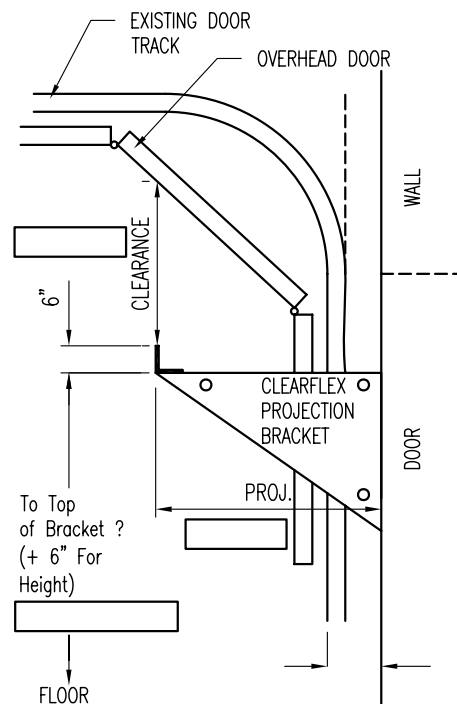
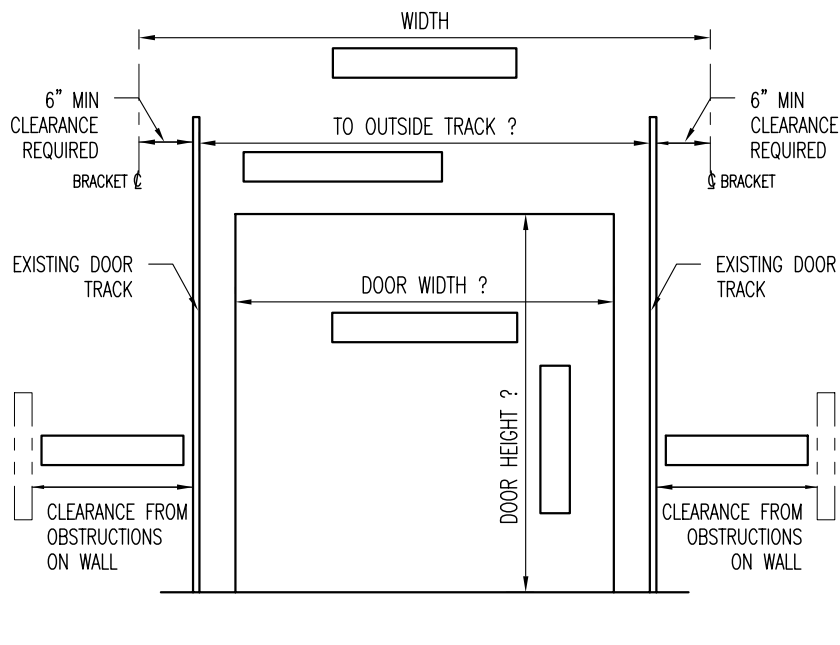
LOCATION: Inside facility Cooler or Freezer

FASTENING SURFACE: Steel Brick Block Wood Other _____

TRAFFIC: Fork Lift Max Ht. _____ (inches)

WINDS Positive pressure Negative Pressure Approx. Velocity (if known) _____

PROJECTION BRACKET MOUNT
 (Clear Wall Required for mounting brackets)



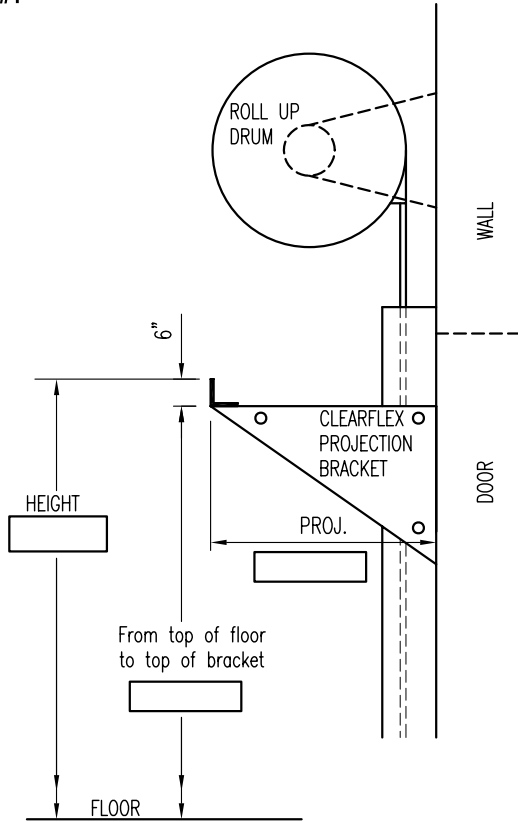
Please fill in dimensions on diagram

ADDITIONAL COMMENTS / SKETCHES

For roll up door see second page 2 of 2

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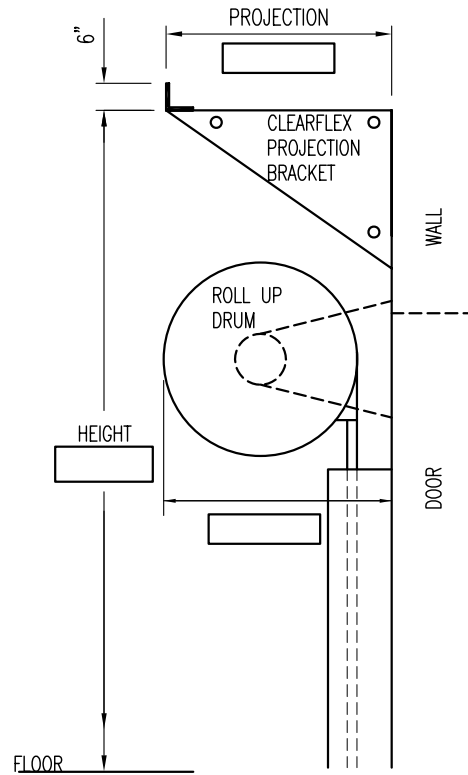
**CLEARFLEX FOR
 ROLL UP DOOR
 OPTION #1**



**CLEARFLEX FOR
 ROLL UP DOOR
 OPTION #2**

OPTIONAL

- OPEN TOP**
CLOSED TOP



ADDITIONAL COMMENTS / SKETCHES