

Filing Room Design Survey

Note: Floor plan or sketch must be included showing dimensions of filing area. Windows, doors, columns, and other obstructions must be shown with dimensions.

Storage or Filing Area Information:

Height from floor to bottom of sprinklers: _____ If no sprinklers, clearance floor to ceiling: _____

Preferred Shelving Height: 65" ___ 76" ___ 86" ___ 97" ___

(Note: Fire safety codes require 18" of clearance from the shelving units to the sprinkler heads)

Ground floor location: Yes _____ No _____ Indicate which floor system is to be installed? _____

(Note: Mobil systems typically weigh 125 to 200 lbs. per sq. foot. Engineering or architectural review will be required to confirm if floor can support mobile, compacted shelving & media weight.)

Is LOCKING security required? Yes ___ No ___ Is ADA incline/cart ramp required? Yes _____ No _____

Number of people needing access to system at the same time: _____

Accessories: Reference shelf? Yes _____ No _____ If yes, how many per range, per side: _____

Storage or Media Information:

Letter _____ Legal _____ Side/End Tab _____ Top Tab _____ Expansion/Redroped Folder _____

(Top tab files can be stored on fixed shelves using side-tab indexes or drawers with hanging pendaflex files.)

Drawers are available in multiple widths and three heights: 4.5", 6", & 10.5".

Based on storage requirements, list items & estimated quantities that require drawer storage:

Provide current (LFI / linear filing inch) requirement: _____ Anticipated expansion: _____

X-ray/Imaging Jackets _____ Binders/Books _____ Box/Bulk Storage _____

Binder/Book Dimension _____" wide x _____" high x _____" deep

Box Size Dimensions _____" wide x _____" high x _____" deep

System must accommodate how many boxes/books/binders? _____

List other storage or filing requirements. Include media dimensions & quantities: _____

Specialty Storage, including slatwall & accessories for hanging or display storage: _____

Contact Information

*Name: _____

*Company/Organization: _____

*Address 1: _____

Address 2: _____

*City: _____ *State: _____ *Zip: _____

*Telephone: _____ Email: _____

Fax: _____

When is your intended installation date?

Please indicate how you would like to receive your quote and drawing: Fax or Email

Please email **Completed Form** & **Floor Plan** to design@dewofficefurniture.com or fax to 480-219-5309.

Please look for a response in 48 – 72 business hours. Thanks!

Questions? Toll Free 1-877-933-7238