


SPECIFICATION SHEET FOR FIXTURE

☐ DRAFT
PROTOTYPE
☒ FINAL SAMPLE

<p>DATE: _____</p> <p>REV DATE: _____</p> <p>DESIGN # _____</p> <p>ITEM # _____</p> <p>DESC. <u>9lt chandelier</u></p> <p>UPC # _____</p> <p>FIX. SIZE: <u>28"</u> WIDTH _____ DIA. _____ EXT. <u>32"</u> HEIGHT</p>	<p style="text-align: center;">DRAWING / PHOTOS</p> 
<p>MATERIAL: <u>METAL</u></p>	<p>FINISH : <u>RBZ</u></p>
<p>SHADE CODE: _____ MATERIAL: _____ SHADE SIZE: _____</p> <p>SHAPE: _____ PANEL: _____ PIPING: _____ FINISH: _____</p> <p>GLASS CODE: _____ GLASS SIZE: _____ W _____ L _____ FINISH: _____</p> <p>_____ H _____ D _____ FINISH: _____</p>	
<p>HOW TO INSTALLATION SHADE TO FIXTURE <input type="checkbox"/> CLIP <input type="checkbox"/> UNO <input checked="" type="checkbox"/> OTHERS _____ FINISH: _____</p>	
<p>ELEC. WIRE LENGTH: <u>10'</u></p> <p>GAGE: <u>SPT-1 18# 105°C</u> COLOR: <u>BROWN</u></p>	<p>CHAIN LENGTH: <u>6'</u> MATERIAL: <u>METAL</u></p> <p>THICKNESS: <u>Ø4.2</u> FINISH: <u>RBZ</u></p>
<p>PRIMARY LAMPS:</p> <p>BULBS TYPE: <u>TYPE B</u> SOCKET TYPE: <u>E12</u> QTY: <u>9</u> WATT: <u>60W</u></p> <p>SUPPLIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO QTY: _____ WATT: _____</p> <p>SECONDARY LAMPS:</p> <p>BULBS TYPE: _____ SOCKET TYPE: _____ QTY: _____ WATT: _____</p> <p>SUPPLIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO QTY: _____ WATT: _____</p> <p style="text-align: right;">TOTAL WATTAGE: <u>540W</u></p>	
<p>SOCKET: <input checked="" type="checkbox"/> PORCELAIN <input type="checkbox"/> PHENOLIC <input type="checkbox"/> SCREW SHELL <input type="checkbox"/> OTHERS</p> <p><input type="checkbox"/> W / METAL SLEEVE <input type="checkbox"/> W / POLY SLEEVE <input type="checkbox"/> W / PLASTIC SLEEVE FINISH: <u>WHITE</u></p>	
<p>PACKING</p> <p>_____ PCS / INNER BOX <input type="checkbox"/> COLOR BOX <input type="checkbox"/> COLOR LABEL W/WHITE BOX <input type="checkbox"/> BROWN BOX</p> <p>INNER BOX SIZE: _____ CARTON CUBE: _____</p> <p><u>1</u> PCS / MASTER CARTON <input type="checkbox"/> COLOR BOX <input type="checkbox"/> COLOR LABEL W/WHITE BOX <input checked="" type="checkbox"/> BROWN BOX W/LINE DRAWING</p> <p>MASTER CARTON SIZE: _____ 29" (L)X _____ 12" (W)X _____ 23-1/2" (H) CARTON CUBE: <u>4.83'</u></p>	
<p>N.W. <u>5.85</u> KGS / PC</p>	<p>G.W. _____ KGS / INNER BOX</p> <p><u>8.55</u> KGS / CTN</p>
<p>CERTIFICATE: <input checked="" type="checkbox"/> UL <input checked="" type="checkbox"/> CUL <input type="checkbox"/> NOM <input type="checkbox"/> CE <input type="checkbox"/> OTHERS</p> <p>NUMBER: _____</p> <p>ENVIRONMENTAL LOCATION: <input checked="" type="checkbox"/> DRY <input type="checkbox"/> DAMP <input type="checkbox"/> WET</p> <p>FTY APPROVED BY: _____ QC DEPT. / APPROVED BY: _____</p> <p>DATE: _____ DATE: _____</p>	