VISION SERIES by Coral

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Design Worksheet for Swing & Pivot Doors

Company _____ **Date** _____

Contact _____ **Phone** _____

Job Name _____ **Fax** _____

Glass Type / Thickness: . . ☐ Clear 3/8". . . ☐ Clear 1/2". . . ☐ Pattern 3/8" _____ *(Specify pattern)* ☐ Specialty 3/8" _____ *(Specify pattern)*

☐ Specialty 1/2" _____ *(Specify pattern)*

Hardware Color / Finish: _____

SWING

Hardware Style: . . . . . ☐ Square Edge . . . . . ☐ Rounded & Beveled Edge . . . ☐ Other _____

Hinge Type: . . . . . ☐ Glass to Glass . . . . . ☐ Wall Mounted → ☐ Self Centering. . . ☐ 5° Offset . . . ☐ Adjustable

→ Back Plate → ☐ Standard. . . . . ☐ Offset . . . . . ☐ Additional - Qty. _____

PIVOT

Hinge Type: . . . . . ☐ Top Pivot In Header . . . ☐ Top Pivot To Ceiling . . . . ☐ Top Pivot To Glass. . . . . ☐ Top Pivot To Wall Mount

Fixed Panel Securing: . . . ☐ U-Channel . . . . . ☐ Clamps

Handle / Towel Bar: ☐ Handle . . . . . ☐ Knob . . . . . ☐ Towel Bar . . . . . ☐ Towel Bar / Pull Handle Combination

→ Push / Pull . ☐ 6". . . ☐ 8"
Escutcheon ☐ Yes . ☐ No

→ Designer _____

→ ☐ Single
☐ Back-to-Back

Desired Door Width: _____

Configuration: . . . . . ☐ Floating Top (No Header) . . . . ☐ Header on Top . . . . . ☐ Steam

☐ Floor to Ceiling . . . . . ☐ Fixed Transom . . . . . ☐ Operable Transom

Door to Swing: . . ☐ In & Out . . . . ☐ Out Only

Door Sweep: . . . ☐ Yes . . . . . ☐ No

Vertical Seals: . . ☐ Yes . . . . . ☐ No

Corner Joint: . . . . . ☐ Mitered . . . . . ☐ Overlapped

Glass Meets Wall @: . . . . . ☐ 90 Degree . . . . ☐ Other _____

Knee Wall or Step: . . . . . ☐ Yes . . . . . ☐ No

Glass Meets Knee Wall @: . ☐ 90 Degree . . . . ☐ Other _____

Threshold / Water Dam Under Door: . . ☐ Yes . . ☐ No

Please Provide Centerline Dimensions.

All Out-of-Plumb Walls and Out-of-Level Thresholds Must be Noted.

Coral Industries • P.O. Drawer 40228, Tuscaloosa, AL 35404-0228 • (205) 345-1013, (800) 772-7737 • FAX (800) 255-7320 • E-mail coral@coralind.com

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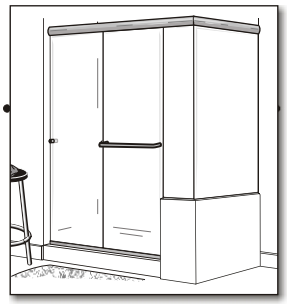
Design Worksheet for Bypass Doors



Company _____ **Date** _____

Contact _____ **Phone** _____

Job Name _____ **Fax** _____

Glass Type / Thickness: . . ☐ Clear 3/8" . . . . . ☐ Pattern 3/8" _____ *(Specify pattern)* . . . ☐ Specialty 3/8" _____ *(Specify pattern)*

Hardware Color / Finish: _____

Fixed Panel Securing: . . . ☐ U-Channel . . . . . ☐ Clamps

Towel Bar: . . . ☐ Towel Bar. . . . . ☐ Towel Bar / Pull Knob Combination . . . . . ☐ Knob

- Tubular Escutcheon ☐ Yes . ☐ No
- Designer _____

- Tubular Escutcheon ☐ Yes . ☐ No
- Designer _____

- Type _____

Vertical Seals: . . . . ☐ No . . . . . ☐ Yes → ☐ T-Seal . . . . . ☐ L-Seal . . . . . ☐ Other _____

Corner Joint: . . . . . ☐ Mitered . . . . . ☐ Overlapped

Glass Meets Wall @: . . . . . ☐ 90 Degree . . . . . ☐ Other _____

Knee Wall or Step: . . . . . ☐ Yes . . . . . ☐ No

Glass Meets Knee Wall @: . . . . . ☐ 90 Degree . . . . . ☐ Other _____

Please Provide Centerline Dimensions.
All Out-of-Plumb Walls and Out-of-Level Thresholds Must be Noted.

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