



## SUBSTITUTION REQUEST

Project:	Substitution Request Number:
	From:
To:	Date:
	A/E Project Number:
	Contract For:
Specification Title:	Description:
Section:Page:	Article/Paragraph:
Proposed Substitution:ABH 6000/680	00/6900 SERIES HOSPITAL PUSH/PULL W/CYLINDRICAL LATCH
Manufacturer:ABH MANUFACTUR	RINGAddress: _1222 Ardmore Ave, Itasca, ILPhone: _630-875-9900
Trade Name:	Model No.:
Attached data includes product description, specifications, drawings, photographs and performance and test data adequate for evaluation of the request; applicable potions of the data are clearly identified.  Attached data also includes a description of changes to the Contract Documents that the proposed substitution will require for its' proper installation.	
<ul> <li>Proposed substitution does not affer</li> </ul>	o adverse effect on the other trades and will not affect or delay progress schedule. ect dimensions and functional clearances. s to building design, including A/E design, detailing and constructions costs caused by the substitution.
Submitted by:	
Signed by:	
Firm:	
Address:	
Telephone:	
A/E's REVIEW AND ACTION	
$\ \ \square$ Substitution approved – Make submittals i	n accordance with Specification Section 01 25 00 Substitution Procedures.
□ Substitution approved as noted – Make submittals in accordance with Specification Section 01 25 00 Substitution Procedures.	
☐ Substitution rejected – Use specified mater	rials.
☐ Substitution Request received too late – U	se specified materials.
Signed by:	Date:
Supporting Data Attached:   Drawings   Product Date   Samples   Tests   Reports	
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