

SUBMITTAL COVER SHEET

NJSDA 652

Date:	_____		
Contract No.:	_____	Contract Name:	_____
Design Consultant	_____	PMF:	_____
Submittal Date:	_____	Submitting Contractor:	_____
Items Submitted:	_____	Specification Division:	_____
Submittal No.:	_____	Subdivision:	_____
No. of Copies Division:	_____	Sepias Submitted:	_____

- | | | | | |
|-----|--------------------------|----|--------------------------|---|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 1. Is submittal required by contract? |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 2. Is submitted item in accordance with Contract Requirements? |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 3. Is submittal a substitution? |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 4. If so, is reason for substitution included? |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 5. Is consideration offered for substitution? |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 6. Is submittal complete (warranties, test reports, model numbers, sizes, weights, dimensions, colors, supporting information required to show that performance characteristics comply with specified or scheduled performance? |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 7. Does submittal meet Specified Standards (ASTM, ANSI, UL, etc.)? |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 8. Does submittal meet all code requirements? |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 9. Are all accessories and ancillary devices as specified? |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 10. Estimated procurement time: _____ (days/weeks) |

Submitted By:	

Title	_____
Signature	_____
	Date _____

Note: This form must be attached to all submittals. Submittals will be returned as incomplete when not accompanied by this form and when "YES" is not marked for all except 1 or 3 above.