

**QUESTIONNAIRE FOR
CHAIRS, DINING, HOSPITALITY, GENERAL PURPOSE (METAL, UPHOLSTERED)**

Vendor should make additional copies of this form as necessary, and should use a separate copy for each model of item(s).

Date: _____
Name of submitting firm: _____
Address of submitting firm: _____
Person completing survey: _____ Phone: _____
Email address: _____

Manufacturer: _____
Mfr/model number as designated in catalog: _____
Class _____, Type _____ per NC specification 7110-17, latest revision.
Date this model was first put into production: _____

Is this model offered exactly as specified per catalog/price list, without modification? _____
(yes/no). If not, describe modification(s) in detail below or on an attached sheet.

Please list below typical dimensional attributes, in inches, of the class and type being submitted.

Chair:
Seat Cushion Size: _____x_____ in. (16" x 16" nominal)
Seat Cushion Thickness: _____ in. (2" nominal)
Back Support: _____x_____ in.
Back Cushion Thickness _____ in. (0.5 " minimum)
Back Height: _____ in.
Seat Height: _____ in. (18" nominal)
Steel frame finish: _____

I have reviewed Specification 7110-17, obtained from the P&C Web site (<http://www.doa.state.nc.us/PandC/>), and affirm that all products offered meet or exceed with the requirements of the specification? Yes/No_____

END OF QUESTIONNAIRE