



**EXAMPLE: FORM CONTROLS vs. WINGDINGS**

CLIENT	EQUIP. NO	PAGE
W.O.	See List	1
REQUISITION NO.	SPECIFICATION NO.	
UNIT	AREA	INSTALLED BY

1	GENERAL	Function	<input checked="" type="checkbox"/> Transmit	<input checked="" type="checkbox"/> Indicate	<input type="checkbox"/> Integrate
2		Case	Other:		
3			<input type="checkbox"/> Mfr Std	Color:	<input type="checkbox"/> Mfr std
4		Mounting Enclosure Class	Other:		
5			<input type="checkbox"/> Integral	<input type="checkbox"/> Surface	<input checked="" type="checkbox"/> Pipe/Yoke
6			<input checked="" type="checkbox"/> Unclassified	<input checked="" type="checkbox"/> NEMA 4 / IP66	Other: _____
7			<input type="checkbox"/> Explosion proof	Class: _____	
8			<input type="checkbox"/> For use in intrinsically safe system	Other: _____	
9		Power Supply	<input type="checkbox"/> 120VAC 60Hz	<input type="checkbox"/> 24VAC	<input checked="" type="checkbox"/> 24VDC
10					
11			Tagging	<input checked="" type="checkbox"/> Stainless Steel	<input type="checkbox"/> Self-Adhesive
12			<input type="checkbox"/> RFID TAG		
13		Tagging Content	TAG number; Mfg and Model; Serial Number and Date		

14	GENERAL	Function	<input checked="" type="checkbox"/> Transmit	<input checked="" type="checkbox"/> Indicate	<input type="checkbox"/> Integrate
15		Case	Other:		
16			<input type="checkbox"/> Mfr Standard	Color:	<input type="checkbox"/> Mfr Std
17		Mounting Enclosure Class	Other:		
18			<input type="checkbox"/> Integral	<input type="checkbox"/> Surface	<input checked="" type="checkbox"/> Pipe/Yoke
19			<input checked="" type="checkbox"/> Unclassified	<input checked="" type="checkbox"/> NEMA 4 / IP66	
20			<input type="checkbox"/> Explosion Proof	Class: _____	
21			<input type="checkbox"/> For use in intrinsically safe system	Other: _____	
22		Power Supply	<input type="checkbox"/> 120 VAC/60 Hz	<input type="checkbox"/> 24VAC	<input type="checkbox"/> 24VDC
23					
24			Tagging	<input checked="" type="checkbox"/> Stainless Steel	<input type="checkbox"/> Self-Adhesive Paper
25			<input type="checkbox"/> RFID Tag	<input type="checkbox"/> Supplied Label/Plate	
26		Tagging Content	TAG number; Mfg and Model; Serial Number and Date		

27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			