

**QUESTIONNAIRE FOR
CHAIRS, DINING, HOSPITALITY, GENERAL PURPOSE (WOOD, 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: _____
Person completing survey: _____ Phone: (____) _____
Email address: _____

Manufacturer: _____
Mfr/model number as designated in catalog: _____
Type _____ (Stacking or Non-stacking)
Number and/or date of referenced catalog/price list: _____
Date this model was first put into production: _____
Is this model offered exactly as specified in catalog, without modification? _____ (yes/no).

Will all furniture types offered be covered by a 5-year warranty, excluding abuse, after date of acceptance? _____ (yes/no) Warranty includes prompt replacement or repair of any components free of charge at user's site. Repairs will carry a 5-year warranty.

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

-Chair:
Cushion Size: _____ x _____ in.
Cushion Thickness: _____ in.
Back Support: _____ x _____ in.
Back Height: _____ in.
Seat Height: _____ in.
Arm Height: _____ in. (where applicable)

I have reviewed Specification 7110-16, obtained from the P&C Web site (<http://www.doa.state.nc.us/PandC/>), and affirm that all products offered comply with the requirements of the specification? Yes/No _____

END OF QUESTIONNAIRE