

MRI, CT, and Nuclear Imaging Renovations
Granville Medical Center
Oxford, North Carolina

SECTION 00 43 25
SUBSTITUTION REQUEST FORM (DURING PROCUREMENT)

Project: MRI, CT, and Nuclear Imaging Renovations

Date: _____

We hereby submit for your consideration the following product instead of the specified item(s).

Drawing Sheet No. or

Detail No. or

Section No. and Page: _____ Article/Paragraph _____

Proposed

Specified

Substitution: _____ Item(s) _____

Proposed

Proposed

Trade Name: _____ Model No. _____

Manufacturer: _____ Phone No. _____

Manufacturer Address: _____

Attach complete technical data including product description, specifications, drawings, photographs, and performance and test data adequate for evaluation of the request; clearly identify applicable portions of the data. Include a complete description of changes to the Drawings and Specifications that the proposed substitution will require for its proper installation.

Fill in blanks below (use additional sheets if necessary):

1. Describe differences between proposed substitution and specified item(s): _____

2. Manufacturer warranties for specified item(s) and proposed substitution are:

_____ Same _____ Different (explain on attachment)

3. Maintenance service for specified item(s) and proposed substitution is:

_____ Same _____ Different (explain on attachment)

4. Source of replacement parts for specified item(s) and proposed substitution is:

_____ Same _____ Different (explain on attachment)

5. How will substitution affect other trades? _____

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6. Will substitution affect Construction Progress Schedule or Contract Time? Yes No

If yes, how? _____

7. How will substitution affect dimensions shown on Drawings? _____

8. How does weight of substitution compare to specified item(s)? Greater Lesser Same

If greater or lesser, by how much? _____

9. Will the Undersigned pay for architectural or engineering changes to building design, including detailing, and construction costs caused by substitution, if any? Yes No

In addition to the above statements, the Undersigned certifies that the substitution has been fully investigated and that the function, appearance, and quality of the substitution is equivalent or superior in all respects to the specified item(s).

Signature: _____

Printed Name: _____

Firm: _____ Phone No. _____

Address: _____

E-Mail Address: _____

ARCHITECT'S SIGNATURE

_____ Substitution approved -- Make submittals in accordance with Division 01.

_____ Substitution approved as noted -- Make submittals in accordance with Division 01.

_____ Substitution rejected -- Use specified materials.

_____ Substitution Request received too late -- Use specified materials.

Project Manager: _____ Date: _____

Specifier: _____ Date: _____

Remarks: _____

END OF SECTION