

NIS Grid Submission Form

**If this form is not completed, the grids will be named, clipped, and loaded assuming
Clockwise Orientation**

Company:

Name:

Email:

Date:

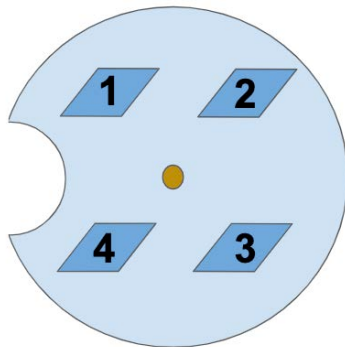
Shipping/Tracking #:

Project Name and NIS Project Number (if known):

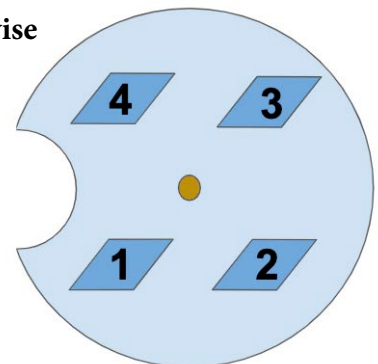
Safety Level (OEB/BSL):

Grid Box Orientation:

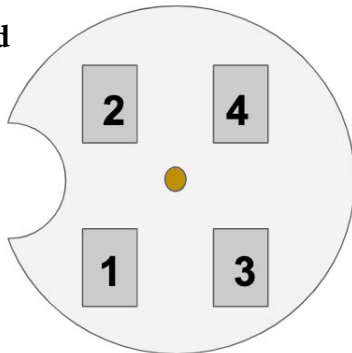
Clockwise



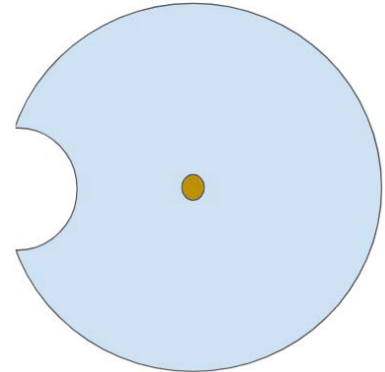
Counterclockwise



TFS-Numbered



Other (fill in)



Number of Grid Boxes in Shipment:

Total number of grids in Shipment:

Clipped? *(if only some of the grids have been clipped, please specify in Notes below and/or in a separate email):*

If you would like your grids named differently than the default grid names (ie. BoxName, Grid 1), please provide this information either by email or with the shipment.

Shipping to NIS Checklist:

Grid Boxes labelled uniquely from other grid boxes in the shipment?

Grid Box screws/covers tightened down?

Grid information sent to NIS or included in the shipment?

Grid Priority List (if applicable)

Additional Notes: