

Specific Kitchen Questions

1. *How many household members? Are you planning on enlarging your family while living here?* Yes No

Name	Age	Handed	Height	Physical Limitations/Mobility Aids
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		

2. *How many pets in your household?* _____ What Types? _____ Names: _____

3. *Do any frequent guests have physical limitations?* _____

4. **Personal information about the kitchen:**

What is the typical pattern of cooking in your household?

One person does most of the cooking. Who? _____

Two or more people share most of the cooking. Describe: _____

One person cooks and another person helps. Describe: _____

Different people take turns doing the cooking. Describe: _____

Another arrangement. Describe: _____

What about clean-up?

The cook cleans up. Describe: _____

Cooking and clean-up are shared. Describe: _____

Clean-up is done by someone who does not cook. Describe: _____

Another arrangement. Describe: _____

5. **Primary Cook:**

Is the primary cook left handed right handed

Does the primary cook have any physical limitation? Yes No _____

How tall is the primary cook? _____

Does the primary cook have any cooking hobbies/specialty cooking preferences?

gourmet baking ethnic grilling bulk cooking to freeze

other: _____

6. **Other Family Cooks:**

How many other household members cook? _____

Who are they? _____

Do they have a cooking hobby assist primary cook with specific task share a menu item with primary cook?

Is a specialized cooking center required for the secondary cook? _____

7. *How does the family use the kitchen for meals at home?* _____
 daily heat & serve meals daily "from scratch" meals daily "bring in" meals weekend "quantity" cooking
 weekend family meals ethnic or specialty cooking (please specify) _____

What type of foods is the family cooking? _____

8. *What are your kitchen dining area requests?* _____
 separate table- new existing _____ size _____ leaf extension _____ number of seated diners _____
 30" counter height 36" counter height 42" counter height

9. *Is the kitchen a socializing space?* _____

10. *Do you have any furniture that you want in your kitchen?*
 Dining Table- Size? _____ Chairs- How many? _____ Hutch- Size? _____ Buffet- Size? _____
 Baker's Rack- Size? _____ Easy Chair- How many? _____ Sofa - Size? _____ Other Items- _____

11. *Do you entertain frequently?* _____ per week _____ per month _____ per year - formally informally buffet plated
 snacks/drinks mostly How many people typically might be in the kitchen when entertaining? _____ Do friends bring food to share? Yes No

12. *Designing the kitchen so that it supports your entertainment style is part of the planning process. Tell me which statement fits you best:*

- I like to be the only one in the kitchen with my guests in a separate space that is away from the kitchen.
 I like to be the only cook in the kitchen, with my guests close by in a space that opens onto the kitchen.
 I like my guests to be sitting in the kitchen visiting with me while I cook.
 I like my guests to help me in the kitchen in meal preparation.

13. *What secondary activities will take place in your kitchen?*

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Computer Usage | <input type="checkbox"/> Hobbies: | <input type="checkbox"/> Medicine Center / Use | <input type="checkbox"/> Children Playing |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Laundry | <input type="checkbox"/> Message Center | <input type="checkbox"/> Study/Homework |
| <input type="checkbox"/> Growing Plants | <input type="checkbox"/> Liquor/Wine Storage | <input type="checkbox"/> Planning Desk | <input type="checkbox"/> TV /Radio/Media/CD |

14. *What types of products/materials do you purchase at the grocery/specialty store?*

- Predominantly fresh food purchased for a specific meal. _____
 Predominantly fresh/frozen foods purchased for stock. _____
 Traditional pantry boxed/packaged/canned/bottled goods purchased for stock. _____

Cleaning products stocked in bulk: _____

Paper products stocked in bulk: _____

Other boxed/packaged food items stocked in bulk: _____

Other: _____

15. *Where do you presently store:*

- | | | | |
|----------------------|------------------------|-------------------------|---|
| ___ Baking Equipment | ___ Flatware | ___ Leftover Containers | ___ Serving Trays |
| ___ Boxed Goods | ___ Food Prep Utensils | ___ Linens/Towels | ___ Specialty Cooking Vessels (Wok, etc.) |

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Canned Goods | <input type="checkbox"/> Food Wrapping Materials | <input type="checkbox"/> Non-Refrigerated Fruits/Vegs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Glassware | <input type="checkbox"/> Paper Products | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coffee Station | <input type="checkbox"/> Grill Equipment | <input type="checkbox"/> Pet Food | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cooking Utensils | <input type="checkbox"/> Hand Appliances | <input type="checkbox"/> Pots & Pans | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dishes | <input type="checkbox"/> Laundry/Iron Equip | <input type="checkbox"/> Recycle Containers | <input type="checkbox"/> Other: _____ |

Legend:			
AG=Appliance Garage	BC=Bookcase	G=Garage	T=Tall Cabinet
B=Basement	C=Countertop	L=Laundry Room	W=Wall Cabinet
BA=Base Cabinet	D=Desk	P=Pantry Closet	

16. *What type of specialized storage is desired?*

- | | | | |
|--------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> Bottles | <input type="checkbox"/> Display Items | <input type="checkbox"/> Linen | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Bread Board | <input type="checkbox"/> Dishes | <input type="checkbox"/> Plasticware | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bread Box | <input type="checkbox"/> Food Wrappings | <input type="checkbox"/> Soft Drink Cans | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cookbooks | <input type="checkbox"/> Glassware | <input type="checkbox"/> Spice | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cutlery | <input type="checkbox"/> Lids | <input type="checkbox"/> Vegetables | <input type="checkbox"/> _____ |

17. *What small specialty electrical appliances do you use in your kitchen?*

- | | | | |
|---|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Blender | <input type="checkbox"/> Crock Pot / Slow Cooker | <input type="checkbox"/> Mixer | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Can Opener | <input type="checkbox"/> Electric Frying Pan | <input type="checkbox"/> Toaster | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coffee Grinder | <input type="checkbox"/> Food Processor | <input type="checkbox"/> Toaster Oven | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coffee Pot | <input type="checkbox"/> Griddle | <input type="checkbox"/> Wok | |
| <input type="checkbox"/> Countertop | <input type="checkbox"/> Built-in | <input type="checkbox"/> Juicer | |

18. *Do you plan on sorting recyclable trash in your kitchen?* Yes No

Number of bins required: _____

Would you like a sorting station in the:

- Kitchen Utility Room Garage Basement Outside

Design Information

1. *What type of feeling would you like your new kitchen space to have? Have you created a scrapbook of notes, photos and ideas of kitchens that you like?*

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> American Country | <input type="checkbox"/> Asian | <input type="checkbox"/> Warm Contemporary | <input type="checkbox"/> Sleek Contemporary |
| <input type="checkbox"/> American Formal | <input type="checkbox"/> Old World European | <input type="checkbox"/> Personal Design Statement (Eclectic) | <input type="checkbox"/> Traditional |

2. *What colors do you like?* _____

And dislike? _____

What colors are you considering for you new kitchen? _____

What are the color preferences of other family members? _____

3. *Design Notes:* _____

Special Details:

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Cabinetry

Source

Key: KS= Kitchen Specialist
O= Owner OA= Owners Agent

Installed by
KS O/OA

Construction	Base	Wall	Tall	Island
Framed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frameless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Type				
Full Overlay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial Overlay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardware				
Knob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Face Material	Base	Wall	Tall	Island
Wood-Species	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laminate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acrylic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Style:				
Color and Finish:				

Storage Accessories or Organizers:

	Base	Wall	Tall	Island
Appliance Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadbox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutlery Tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Shelf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawer Divider / Insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawer Dish Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawer Pot / Pan Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knife Block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knife Drawer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lazy Susan / Turntable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer Lift-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pantry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plate Rack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pot Rack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull-out Recycle Bin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Base	Wall	Tall	Island
Pull-out Cutting Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roll-out Cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roll-out Shelf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spice Rack / Drawer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swing-out Shelf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tilt-down Drawer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towel Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tray Dividers (Vertical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toe Kick Step Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable Bin / Basket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wide / Deep Drawer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peg Board Drawer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Countertops

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by			
	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	
Material	Kitchen	Island	Other	Edge Treatment	Kitchen	Island	Other
Ceramic Tile	<input type="checkbox"/>	<input type="checkbox"/>		Thickness	<input type="checkbox"/>	<input type="checkbox"/>	
	Size			Shape:	<input type="checkbox"/>	<input type="checkbox"/>	
	Grout			Bevel	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete	<input type="checkbox"/>	<input type="checkbox"/>		Ogee	<input type="checkbox"/>	<input type="checkbox"/>	
Engineered Stone (quartz)	<input type="checkbox"/>	<input type="checkbox"/>		Bull Nose Full	<input type="checkbox"/>	<input type="checkbox"/>	
Granite	<input type="checkbox"/>	<input type="checkbox"/>		½ Full	<input type="checkbox"/>	<input type="checkbox"/>	
Limestone	<input type="checkbox"/>	<input type="checkbox"/>		Square	<input type="checkbox"/>	<input type="checkbox"/>	
Marble	<input type="checkbox"/>	<input type="checkbox"/>		Eased	<input type="checkbox"/>	<input type="checkbox"/>	
Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>		Other			

Soapstone	<input type="checkbox"/>	<input type="checkbox"/>	
Solid Surface	<input type="checkbox"/>	<input type="checkbox"/>	
Wood	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
Color or Pattern:			
Details: _____ _____			
Preparation:			
Describe: _____ _____			
Decking: _____			
Insert: _____			

Backsplash			
Match to Counter	<input type="checkbox"/>	<input type="checkbox"/>	
Full Height	<input type="checkbox"/>	<input type="checkbox"/>	
Endsplash 4" High	<input type="checkbox"/>	<input type="checkbox"/>	
Color or Pattern:			
Details:			

Sink							
Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by			
	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	
Material	Sink #1	Sink #2	Sink #3	Mounting	Sink #1	Sink #2	Sink #3
Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Rimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enamel / Cast Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Under-Mount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porcelain / Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Integral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counter Section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Features	Sink #1	Sink #2	Sink #3
Number of Bowls	Sink #1	Sink #2	Sink #3	Drainboard L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drainboard R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large / Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	Sink #1	Sink #2	Sink #3	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details: _____				5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faucet							
Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by			
	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	
Material	Sink #1	Sink #2	Sink #3	Style / Features	Sink #1	Sink #2	Sink #3
Brass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One Handle <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two-Handles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epoxy-Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bridge Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pot Filler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brushed Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goose Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pewter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pull-out Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Automatic Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Features	Sink #1	Sink #2	Sink #3
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separate Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instant Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher Air Gap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dispensers							
Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by			
	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	
Type	Sink #1	Sink #2	Sink #3	Type	Sink #1	Sink #2	Sink #3
Dish Detergent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand Soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Appliance & Fixture Specifications - Option 1

(Option 1 to be used by design professionals who select specific appliances for the client.)

Size	Color	Item / Description	Manufacturer	Model #	Notes
Surface Cooking			Configuration: P=Professional CT=Cooktop (controls on top) RT=Range Top (controls on front) Style: DI = Drop-in FS=Freestanding SI = Slide-in		
		Range _____ Config. _____ Fuel _____			
		Cooktop _____ Config. _____ Fuel _____			
		Rangetop _____ Config. _____ Fuel _____			
Surface Ventilation <input type="checkbox"/> Remote Blower <input type="checkbox"/> Interior Blower <input type="checkbox"/> Recirculate <input type="checkbox"/> CFM <input type="checkbox"/> Height <input type="checkbox"/> Transition					
		Hood: <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Island			
		Duct Cover: _____			
		Hood Liner and/or Blower: _____			
		Down Draft: _____			
		Micro Combo: _____			
Oven Cooking					
		Oven: <input type="checkbox"/> Single <input type="checkbox"/> Double			
		<input type="checkbox"/> Oven / Microwave Combo			
		Warming Drawer _____ Quantity: _____			
Microwave and Specialty Ovens Configuration: CT= Countertop BI= Built-In OTR= Over The Range					
		Microwave _____ Config. _____			
		Trim Kit: _____			
		Other: _____			
Refrigeration Configuration: SxS= Side-by-Side UCDR= Undercounter Drawers UCD= Undercounter Door L/R TF= Top Freezer BF=Bottom Freezer Style: Free Standing BI= Built-In (Standard) IN=Built-In (Integrated) AR=All Refrigerator AF=All Freezer					
		Refrig. Config _____ Style: _____			
		Refrig. Config _____ Style: _____			
		Refrig. Config _____ Style: _____			
		Front Panel _____			
Dishwasher / Compactor / Icemaker Style: ST= Standard IN= Integrated SI= Semi-Integrated DR=Drawer					
		Dishwasher _____ Style _____			
		Compactor _____ Style _____			
		Front Panel _____			
Water Products Configuration: S= Single D=Double BL= Big and Little Style: UM= Undermount TM= Top Mount IN= Intergral AP= Apron C=Counter Section					
		Sink #1 Config _____ Style _____			
		Faucet: _____			
		Sink #2 Config _____ Style _____			
		Faucet: _____			
		Sink #3 Config _____ Style _____			
		Faucet: _____			
		Sink Accessories: _____			
		Instant Hot: _____			
		Water Filter: _____			
		Garbage Disposer _____ Quantity _____			
Miscellaneous (Laundry, BBQ / Outdoor Equip, Intercom, Vacuum, Espresso, Ironing Center, Water Softener, Warranty, etc.)					

End Appliance & Fixture Specifications - Option 1

Appliance & Fixture Specifications - Option 2

(Option 2 is used by designers who gather all generic appliance info., rather than specifying specific appliances.)

Range				Cooktop / Range Top											
Use Existing		Furnished by		Installed by		Use Existing		Furnished by		Installed by					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>				
<input type="checkbox"/> New <input type="checkbox"/> Existing Finish: _____ Size: _____				<input type="checkbox"/> New <input type="checkbox"/> Existing Finish: _____ Size: _____											
Fuel				Fuel											
<input type="checkbox"/> Electricity		<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Electricity		<input type="checkbox"/> Natural Gas									
<input type="checkbox"/> Propane				<input type="checkbox"/> Propane											
Type				Type											
<input type="checkbox"/> Free-Standing		<input type="checkbox"/> Drop-In		<input type="checkbox"/> Slide-In		<input type="checkbox"/> Free-Standing		<input type="checkbox"/> Drop-In		<input type="checkbox"/> Slide-In					
<input type="checkbox"/> Integrated				<input type="checkbox"/> Professional Style				<input type="checkbox"/> Integrated				<input type="checkbox"/> Professional Style			
Electric Surface Units				Electric Surface Units											
<input type="checkbox"/> Conventional Coil		<input type="checkbox"/> Solid Disk (Electric Hob)		<input type="checkbox"/> Sealed Glass Ceramic		<input type="checkbox"/> Conventional Coil		<input type="checkbox"/> Solid Disk (Electric Hob)		<input type="checkbox"/> Sealed Glass Ceramic					
<input type="checkbox"/> Magnetic Induction		<input type="checkbox"/> Halogen Unit		<input type="checkbox"/> Thermostatic Controlled Unit		<input type="checkbox"/> Magnetic Induction		<input type="checkbox"/> Halogen Unit		<input type="checkbox"/> Thermostatic Controlled Unit					
<input type="checkbox"/> Dual Size Unit				<input type="checkbox"/> Dual Size Unit											
Gas Surface Units				Gas Surface Units											
<input type="checkbox"/> Open-Air (Conventional)		<input type="checkbox"/> Sealed		<input type="checkbox"/> High BTU		<input type="checkbox"/> Open-Air (Conventional)		<input type="checkbox"/> Sealed		<input type="checkbox"/> High BTU					
Surface Controls				Surface Controls											
<input type="checkbox"/> Electronic		<input type="checkbox"/> Conventional Knob		<input type="checkbox"/> Griddle		<input type="checkbox"/> Grill		<input type="checkbox"/> Electronic		<input type="checkbox"/> Conventional Knob					
Other Cooking Surface Features				Other Cooking Surface Features											
<input type="checkbox"/> Griddle		<input type="checkbox"/> Grill		<input type="checkbox"/> Griddle		<input type="checkbox"/> Grill									
Oven Features				Oven Features											
<input type="checkbox"/> Electric Oven		<input type="checkbox"/> Gas Oven		<input type="checkbox"/> Broiler		<input type="checkbox"/> Electric Oven		<input type="checkbox"/> Gas Oven		<input type="checkbox"/> Broiler					
<input type="checkbox"/> Convection Oven		<input type="checkbox"/> Pyrolytic (Self-Cleaning)		<input type="checkbox"/> Other _____		<input type="checkbox"/> Convection Oven		<input type="checkbox"/> Pyrolytic (Self-Cleaning)		<input type="checkbox"/> Other _____					
Controls: <input type="checkbox"/> Conventional Knob <input type="checkbox"/> Electronic				Controls: <input type="checkbox"/> Conventional Knob <input type="checkbox"/> Electronic											
Other Range Features				Other Range Features											

Ventilation System									
Use Existing		Furnished by		Installed by					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>				
Updraft / Canopy				Downdraft / Proximity					
<input type="checkbox"/> Exhaust		<input type="checkbox"/> Recirculating		<input type="checkbox"/> Surface Mount		<input type="checkbox"/> Pop-Up (Behind Cooktop)		<input type="checkbox"/> Pop-Up (Next to Cooktop)	
Hood				Ventilation System Installation					
<input type="checkbox"/> Match to Cooktop		<input type="checkbox"/> Match to Cabinetry		<input type="checkbox"/> New Ductwork Needed		<input type="checkbox"/> Duct Termination			
<input type="checkbox"/> Custom Design		<input type="checkbox"/> Slim Line / Telescoping		<input type="checkbox"/> Space to Run Ductwork					

Ovens					
Use Existing		Furnished by		Installed by	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>
Conventional					
<input type="checkbox"/> New <input type="checkbox"/> Existing Finish: _____ Size: _____					
Configuration					
<input type="checkbox"/> Single		<input type="checkbox"/> Double		<input type="checkbox"/> Combo Micro / Oven	
<input type="checkbox"/> Under-Counter Installation		<input type="checkbox"/> Wall Installation			
<input type="checkbox"/> Convection Cooking-elective		<input type="checkbox"/> Convection Cooking-Gas		<input type="checkbox"/> Steam Cooking	
<input type="checkbox"/> High-Speed Cooking		<input type="checkbox"/> Pyrolytic (Self-Cleaning)			
Controls: <input type="checkbox"/> Conventional Knob <input type="checkbox"/> Electronic					
Other Features					

Microwave Oven					
Use Existing		Furnished by		Installed by	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>
Microwave Oven					
<input type="checkbox"/> New <input type="checkbox"/> Existing Finish: _____ Size: _____					
Installation					
<input type="checkbox"/> Free-Standing		<input type="checkbox"/> Boxed/Built-In		<input type="checkbox"/> Integrated	
Configuration					
<input type="checkbox"/> Microwave-Ventilation Combo		<input type="checkbox"/> Professional Style			
<input type="checkbox"/> Microwave-Convection Cooking		<input type="checkbox"/> Microwave-Light Cooking			
Features					
<input type="checkbox"/> Browning Element		<input type="checkbox"/> Turntable			

Refrigerator / Freezer

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by			
	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	
Type	#1	#2	#3	Features	#1	#2	#3
Single Door Refrigerator				Ice Maker			
Single Door Freezer				Ice Dispenser (Door)			
Refrigerator / Freezer:				Mini-Door Access			
Side by Side				Water Disp. (Outside)			
Top Mount				LCD Screen			
Bottom Mount							
Undercounter							
Modular Units:				Other Features	#1	#2	#3
Refrigerator Drawers							
Freezer Drawers							
Freezer:							
Upright							
Chest							
Installation	#1	#2	#3	Other Cooling Appliances			
Free-Standing				<input type="checkbox"/> Ice Maker		<input type="checkbox"/> Wine Storage	
Boxed-In							
Integrated							
Under-Counter							
Decorative Panels							

Dishwasher

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by		
	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>		
Type	#1	#2	Interior Finish	#1	#2
Door			Plastic		
Drawers			Stainless		
Installation	#1	#2	Dishwasher Features	#1	#2
Built-In			Adjustable Shelves		
Integrated with Decorative Panel to Match Cabinets			Flatware Trays		
Stainless Steel			Multiple Racks		
Color Front			Special Cycles		
			Stem Storage		

Other Clean-Up Appliances

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by			
	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	
Type	#1	#2	#3	Type	#1	#2	#3
Disposer:				Trash Compactor			
Batch Feed							
Continuous Feed							

Other Appliances

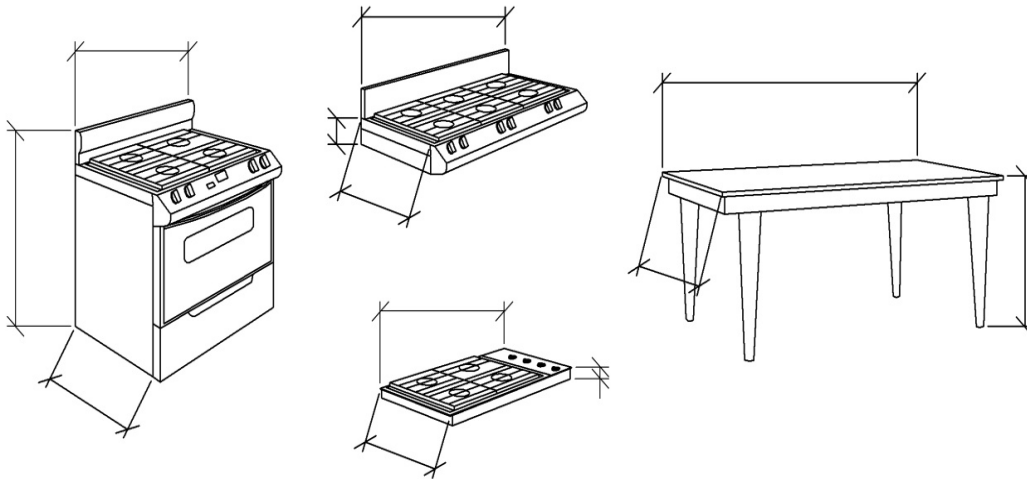
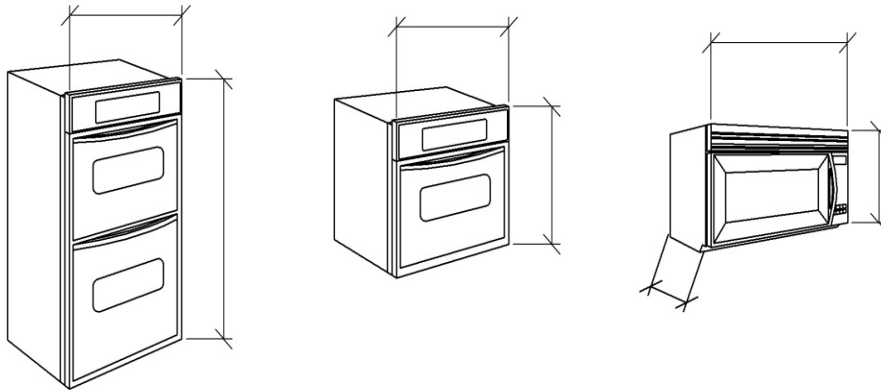
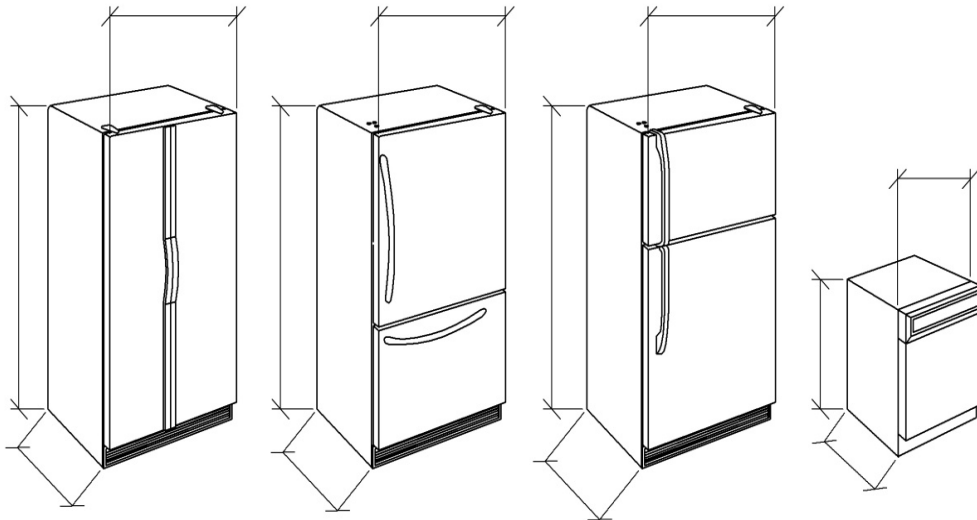
Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by		
	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>
Type:						
<input type="checkbox"/> Built-In Small Appliances	<input type="checkbox"/> Computer	<input type="checkbox"/> Intercom	<input type="checkbox"/> VCR / DVD	<input type="checkbox"/> Warming Drawer	<input type="checkbox"/> Washer / Dryer	
<input type="checkbox"/> Radio	<input type="checkbox"/> Telephone	<input type="checkbox"/> Television	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

End of Appliance & Fixture Specifications - Option 2

Flooring

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by		
	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	
Floor Preparation			Floor Covering		
<input type="checkbox"/> Removal: _____			Material		
<input type="checkbox"/> Leveling: _____			<input type="checkbox"/> Bamboo <input type="checkbox"/> Carpet <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Cork		
<input type="checkbox"/> Shim: _____			<input type="checkbox"/> Laminate <input type="checkbox"/> Linoleum <input type="checkbox"/> Vinyl-Sheet <input type="checkbox"/> Vinyl-Tile		
<input type="checkbox"/> Subfloor Material: _____			<input type="checkbox"/> Wood <input type="checkbox"/> Wood-Engineered <input type="checkbox"/> Stone <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Underlayment: _____			Color or Pattern:		
<input type="checkbox"/> Baseboard Under Trim: _____			Describe:		
<input type="checkbox"/> Transition Treatment _____					

Appliance Diagram



Heating Diagram

Register or Fan							
No.	A	B	C	D	E	F	G

