



Color Data Sheet

Company: _____ Project Name: _____
 Address: _____
 City: _____ Technical Lab Contact: _____
 State: _____ Zip: _____ Phone: _____ Fax: _____

Dorn SO#: _____ Job Name: _____

If you have color formula information available, please provide it to the Dorn Color Lab at 216-634-2252, ext:225.

Color Determination:	Gloss Measured at 60°:	Tolerance < ____ DE (if applicable):
<input type="radio"/> Visual only	<input type="radio"/> Match gloss of each standard	<input type="radio"/> CIELAB
<input type="radio"/> Computer only	<input type="radio"/> Match all at ____°	<input type="radio"/> FMCI
<input type="radio"/> Visual & computer	<input type="radio"/> Other _____	<input type="radio"/> CMC
	<input type="radio"/> Gloss tolerance range (+/-) ____°	<input type="radio"/> Other: _____

Primary Light Source:	Secondary Light Source:	Color Match to:
<input type="radio"/> D65 Daylight D	<input type="radio"/> D65 Daylight D	<input type="radio"/> Standards: _____
<input type="radio"/> Horizon	<input type="radio"/> Horizon	_____
<input type="radio"/> Incandescent A	<input type="radio"/> Incandescent A	_____
<input type="radio"/> CWF Fluorescent	<input type="radio"/> CWF Fluorescent	<input type="radio"/> Previous job approvals
<input type="radio"/> TL 84	<input type="radio"/> TL 84	<input type="radio"/> Other: _____
<input type="radio"/> UV	<input type="radio"/> UV	
<input type="radio"/> Other: _____	<input type="radio"/> Other: _____	
	<input type="radio"/> None	

Remarks: _____

Form Completed by: _____ Date: _____

Please E-mail this form to your Account Executive:

- Donna Albright:** dalbright@dorncolor.com
 - Darlene DeJovine:** ddejovine@dorncolor.com
 - Kathy Koehl:** kkoehl@dorncolor.com
 - Arron Navratil:** anavratil@dorncolor.com
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