

Medicine Cabinet Measurement Worksheet

OJMirror

Record the site before selecting, replacing, or requesting a cabinet review.

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1. Project Information

PROJECT NAME

ROOM / UNIT

DATE

MEASURED BY

PROJECT LOCATION

2. Installation Type

☐

Surface-mounted

☐

Recessed

☐

Dual-mount / undecided

3. Room and Placement

VANITY WIDTH

SINK CENTERLINE

CLEAR WALL WIDTH

AVAILABLE HEIGHT

FAUCET / BACKSPLASH CLEARANCE

LIGHT / CEILING CLEARANCE

LEFT-SIDE CLEARANCE

RIGHT-SIDE CLEARANCE

CABINET PROJECTION LIMIT

4. Existing Rough Opening - Record Every Reading

Use one unit system throughout: inches or millimeters.

Width	TOP	MIDDLE	BOTTOM	SMALLEST
Height	LEFT	CENTER	RIGHT	SMALLEST
Depth	LEFT	CENTER	RIGHT	SHALLOWEST

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Add the model, wall condition, functions, and photo references needed for review.

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5. Wall and Opening Condition

☐ Opening appears level ☐ Sides appear plumb ☐ Diagonals checked

FINISHED-WALL BUILD-UP

KNOWN OBSTRUCTION

WALL CONSTRUCTION / NOTES

6. Proposed Cabinet

TARGET OVERALL WIDTH

TARGET OVERALL HEIGHT

TARGET DEPTH

CANDIDATE MODEL

DRAWING NUMBER / REVISION

☐ Left-hand door ☐ Right-hand door ☐ Double / multi-door

7. Project and Electrical Requirements

QUANTITY

DESTINATION MARKET

REQUIRED ELECTRICAL FUNCTIONS

POWER-ENTRY POSITION / AVAILABLE SUPPLY

8. Photo and Drawing References

FULL-WALL PHOTO FILENAME

OPENING PHOTO FILENAME

Send this worksheet with the referenced photos and candidate drawing.

OJMirror review scope, configuration, compliance, minimum quantity, and lead time remain project-dependent.