

Project Identification Tracking Number (if applicable) _____

Date Received _____

Optional Identification of Respondent:

Company _____

Address: _____

City/Prov/State/Postal/Zip Code: _____

Contact: _____

Telephone/Fax: _____

Location (used to determine typical ambient weather data) _____

Altitude (to nearest 100 m) _____

Building Occupancy Type (commercial, residential, institutional) _____

Building Construction Type (tilt slab, brick, etc.) _____

of glass lites fractured / total # of lites _____

Glazing Type (aluminum frame, strip window, vertical, tilted, etc.) _____

Frame Type (aluminum, wood, gasket, etc. to determine rigidity and thermal mass) _____

Frame Color (to determine solar absorption) _____

Frame Thermal Conductivity (thermally broken or not) _____

Glass Type (thickness, tint, coating(s), post-applied films, air/gas gaps, etc)
(Solar transmission, reflectivity and emissivity values required) NOTE: interior or exterior lite _____

Thermal connection of glass edge to frame (wet sealant, dry gasket, IG sealant and spacer types, etc.) _____

Glass shape and glazing dimensions (trapezoid, half round, depth of bite, etc) _____

Glass cut edge quality (full scale photo required, at least at fracture origins) _____

Interior blind details (degree of ventilation, solar reflectivity, emittance, etc) _____

Interior heat trap details (drop ceiling pockets, temporary signage, protective sheeting, etc.) _____

HVAC vent positions and air direction _____

Exterior shade details (horizontal projection distance at vertical and horizontal glass edges) _____

Glass orientation (tilt and true orientation by compass angle) _____

FRACTURE INSPECTION DETAILS

Fracture moment (date, time, when if known) _____

Exterior weather and interior HVAC conditions at time of fracture _____

Possible added solar reflective conditions at time of fracture (snow, water, inside corner etc.) _____

Other conditions if known (glass surface damage) _____

Fracture origin location (to + or – 1mm from glass corner) _____

Fracture detail at origin (branching – number of branches within first 50 mm – mirror mist radius, origin location, glass damage at origin before fracture, photo, etc) _____

50 mm Square Glass Sample at Fracture Origin _____

Other relevant details (please use separate sheet if necessary) _____