

GLAZING SOLUTIONS

STRUCTURAL GLAZING TESTING INITIATION FORM

Project Name & Location:						
Sales Rep:						
Customer Name:						
Wind Load:						
Company Name:						
Company Address:						
Select all that apply:						
Structural Glazing Type:	☐ 1 Sided ☐ 2 Sided ☐ 3 Sided ☐ 4 Sided ☐ Sloped Glazing					
Structural Sealants to test:	Spectrem 2 Proglaze SSG Proglaze II					
Select all that apply:						
Submitted Metal for Testing:	☐ Anodized ☐ Alodine ☐ Paint (below fields)					
	Manufacturer:					
	Paint Color:					
	Paint Code:					
Select all that apply:						
Glass: Manufacturer:						
Type:	☐ Monolithic ☐ Laminated ☐ Insulated					

Coatings Manufacturer:]		
Coating Name:]		
Coating Color:]		
Select all that apply:							
Spacers Manufacturer:							
Rubber Type:	Silicone	☐ EPDM	SCR		Other		
Gasket Manufacturer:]		
Rubber Type:	Silicone	☐ EPDM	SCR		Other		
Setting Block Manufacturer:]		
Rubber Type:	Silicone	☐ EPDM	SCR		Other		
Select all that apply:							
Test Procedures:	 □ Tab Adhesion (ASTM 1193 Appendix) □ ASTM C1248 Stain Testing (optional) □ ASTM C794 Adhesion-in-Peel □ ASTM 1087 Compatibility for: □ Accessories □ Glass Coatings 						
Select all that apply:							
Primers:	☐ TREMprime Silicone Metal Primer☐ TREMprime Silicone Porous Primer						
Sample Sizes and Require •Tab Adhesion - metal require •ASTM C794 - metal require metal per sealant •ASTM C1087 - accessories:	rements: one sa ments: square f	flat metal, 4 sar	nples of 4"x6" ((10 cm x	15 cm) project specific		
Additional Comments:							

Send Samples to: Ray Walker 3735 Green Rd. Beachwood, OH 44122