



Date: _____

Location/Address: _____

Contact name & #: _____

Is glass tinted: _____

Is there a film on the glass: _____

Low-e: _____

Temp / HS / ANN: _____

Estimated # of lites in project: _____

Building age: _____

Any apparent air and/or water leakage from the current gasketing of framing?

Glass same age as building: _____

Sill depth (measure all 4 sides): _____

If sill is less than 2 1/8" sketch and photograph all 4 sides

Sill Color; are all the same color: _____

Opening sizes _____

Opening sizes _____

Measure both top & bottom width & Rt & Lft height.

**Note obstructions to installation

Any operative windows: _____ Quantity: _____

Any double hung windows: _____ Quantity: _____

Ck condition of inside glass seal: _____

Dry rot? Pulled out? Open corners/gaps?

Any drapes and/or blinds to remove: _____

Pictures taken: _____

Please note available egress including door opening sizes; elevators; storage areas; will these accommodate largest unit size: