



Shin-Etsu Silicone Check List

Control No.
Date

The Contents * Must be filled. Please submit to Shin-Etsu Silicone.

Project Name*	
Address*	
State / Province / Country	
Contact Person*	

Architect Name	
Address	
State / Province / Country	
Contact Person	

Consultant Name	
Address	
State / Province / Country	
Contact Person	

Fabricator Name*	
Address*	
State / Province / Country	
Contact Person*	

Distributor Name*	
Address*	
State / Province / Country	
Contact Person*	

Project Start and Completion Date*	Start:	Complete:
Application Start and Completion Date*	Start:	Complete:

Usage Estimation

Sealant Name*				
Packing Size				
Quantity*				

Panel's Dead Load Supported

Max Negative Wind Pressure in KPa* _____ KPa

Dimension of the largest piece of glass* H: _____ mm x L: _____ mm

Is the application 2, 3 or 4 sided* 2 3 4

No. of SSG panels _____ Units

Are the panels vertical* Yes No

At which angle inward or outward* Inward Outward Degrees: _____

Are the panels dead load supported? * Yes No

Panels in Dead Load

In the event that your application includes panels in dead load, please contact to Shin-Etsu Silicone.

Type of Sealant Application: *

<input type="checkbox"/>	Weather Sealant	<input type="checkbox"/>	In-Factory	<input type="checkbox"/>	On-Site
<input type="checkbox"/>	Structural Sealant	<input type="checkbox"/>	In-Factory	<input type="checkbox"/>	On-Site

Type of Warranty Requirement: *

<input type="checkbox"/>	Factory applied structural glazing warranty
<input type="checkbox"/>	Site applied structural glazing warranty
<input type="checkbox"/>	Weather sealing warranty
<input type="checkbox"/>	Non-staining warranty
<input type="checkbox"/>	General product warranty (only weather sealant)
<input type="checkbox"/>	No warranty

Note

- To complete this project Check List, detailed drawings are required confirming all sealant locations and dimensions. They must include mullion and transom details as well as all elevation drawings.
- If at any time in future the project details change you must notify to Shin-Etsu Silicone of all changes.
- The warranty will be invalid if any detail(s) changes or deficiency are found without notification, even after the warranty has been issued.

Fabricator Representative (Signature) (Name)*		Date
Distributor Representative (Signature) (Name)*		Date
Shin-Etsu Representative (Signature) (Name)*		Date