



Quality Accuracy Assurance

# Fenestration Testing Laboratory, Inc.

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## LABORATORY PROJECT

Impact and Cyclic Load Testing

This Line for Laboratory Use Only:		Project Number:		Date:	
Testing Standards:	AAMA	ASTM	TAS	Other:	
Certifying Agency:	FBC	Miami Dade County		Keystone	WDMA
	ICC	Other:			
Testing Protocols:	Yes	No	Testing Requested By:		
Expected Commencement Test Date:			Is There a Project Deadline?	No	Yes:

### Gathering of Information:

All the relevant information about your product must be provided to FTL so that we may prepare all paper work. Drawings will be required prior to testing. Please provide all die profiles, assembly drawings and bill of material. We must have all the following information to schedule testing. If you need assistance with this form please contact us.

**Test samples must be received in our facility one week prior to testing.**

Company Name:	
Company Address:	
City:	State/Providence: Country: Zip:
Telephone:	Ext: Facsimile:
Company Representative:	E-Mail:
Series/Model of Sample:	
Sample Size and Type:	
<i>Please Select Applicable Test Type</i>	<i>Please Indicate Expected Desired Pressure</i>
Air Infiltration Test	Yes psf
Design Load Positive	Yes psf
Design Load Negative	Yes psf
Water Resistance without screen	Yes psf
Water Resistance with screen	Yes psf
Structural Load Positive	Yes psf
Structural Load Negative	Yes psf
Forced Entry Test	Yes
Deglazing Test	Yes
Impact	Yes Large Small
Cyclic Load Positive	Yes psf
Cyclic Load Negative	Yes psf
ANSI Z-97.1 Drop Test *	Yes *As Per the Florida Building Code
Tensile Test	Yes
Please Attach Any Testing Protocols:	
Please Select which one Applies For Test Buck:	
FTL will provide test buck at additional cost      Test buck will be provided for FTL by manufacturer <b>Detailed installation instructions for sample must be provided to FTL prior to testing if we are to provide test buck.</b>	

Printed Name of Authorized Company Representative:

Authorized Representative Signature:

Date: