Evaluation ID: DR-XXXX Effective Date:

 Re-evaluation Date:

Product Name: Product Name

Manufacturer: Manufacturer

 Address

 City, State Zip

 (XXX) XXX-XXXX

General Description:

|  |  |  |  |
| --- | --- | --- | --- |
| **System** | **Description** | **Label Rating** | **Design Pressure Rating** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**Product Dimensions:**

|  |  |  |  |
| --- | --- | --- | --- |
| **System** | **Overall Size** | **Operable Panel Size** | **Fixed Panel Daylight Opening Size** |
| 1 | " x " | " x " | " x " |
| 2 | " x " | " x " | " x " |
| 3 | " x " | " x " | " x " |
| 4 | " x " | " x " | " x " |

**Product Identification (Certification Label on Door):**

|  |  |
| --- | --- |
| **System** |  |
| 1-2 | Certification Agency |  |
| Manufacturer’s Name or Code Name |  |
| Product Name |  |
| Test Standards |  |
| 3-4 | Certification Agency |  |
| Manufacturer’s Name or Code Name |  |
| Product Name |  |
| Test Standards |  |

**Impact Resistance:**

|  |  |  |
| --- | --- | --- |
| **System** | **Impact Resistant** | **Requirement** |
| 1-4 | No | Provide an impact protective system when installing the product in areas that require windborne debris. |

**Installation:**

|  |  |
| --- | --- |
| **System** |  |
| 1-4 | Type of Installation |  |
| Wall Framing |  |
| Fasteners |  |
| Fastener Location/Spacing |  |
| Fastener Penetration |  |

Note: The manufacturer’s installation instructions must be available on the job site during installation. Use corrosion resistant fasteners as specified in the IRC, the IBC, and the Texas Revisions.