

DURATION THERMAL PATIO CHECKLIST

Order No _____

DURATION 2 TRACK O/FRAME
DURATION 3 TRACK O/FRAME

ALL PANELS SLIDING Yes No

VIEWED FROM OUTSIDE

COLOUR

White	<input type="checkbox"/>
Silver	<input type="checkbox"/>
Black	<input type="checkbox"/>
Brown	<input type="checkbox"/>
Ral	<input type="checkbox"/>

TRICKLE VENTS & EXTENSION

TIMBER FRAME REQ Yes No

GASKET & FURNITURE Black

MEDIUM INTERLOCK

CILL Yes No 99mm Cill
150mm Cill

CILL HORNS Yes No _____ mm

GLASS

DG 24mm Tough	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Doc L Compliant	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SPECIAL INSTRUCTIONS

The following special instructions have been noted and added to the:

Worksheets Glass Order Delivery Note

The above specification and accompanying manufacturing details are our interpretation of your order requirements.

Please indicate below:

Incorrect – Amendments Req. Or Correct & OK to proceed

(Please tick if applicable)

Sign _____ Date _____