



Dual Seal Glass Limited  
 403 Leeds Road  
 Huddersfield  
 West Yorkshire  
 HD21XU  
 Telephone: 01484 420030  
 Fax : 01484 420090

Date: \_\_\_\_\_

Dual Seal Glass project reference	
Dual Seal Glass Technical Reference	

## Full Height Barrier calculation request questionnaire

Is the glass : **4 Edge supported/ Top & Bottom Edge Supported/ Vertical Edge Supported**

Is the glazing: **Single Glazing/ Double Glazing**

Required Line Load ( N/m run) ..... Please State.....

Concentrated Load (N)..... Please State.....

Uniform Load (N/m<sup>2</sup>)..... Please State.....

**Height Of Pane (mm)**..... **Please State.....**

**Width of Pane (mm)**..... **Please State.....**

**Height of line load above bottom edge of glass (mm)**..... **Please State.....(ffl)**

**Preferred glass thickness if Single Glazed  
 Or Inner Pane of a Double Glazed Unit (mm)**.....

**Preferred glass thickness for Outer Pane of a  
 Double Glazed Unit**.....

Company Name: \_\_\_\_\_

Tel No \_\_\_\_\_

Contact \_\_\_\_\_

Email \_\_\_\_\_

Project and Location \_\_\_\_\_

### RESULT

Calculations indicate, based solely on the information supplied above:-

A Single or Inner Pane of \_\_\_\_\_

And an outer pane of \_\_\_\_\_