

WINDSHIELD REPLACEMENT CHECKLIST

For your safety, please pay close attention to the recommended safe drive away time.

Pre-work Inspection		
Check vehicle for scratches, dents, etc.	YES	NO
Owner Acknowledgement of Inspection	YES	NO
Passenger / Door Side Airbag	YES	NO
Glass Removal		
Full-cut technique used (trim to 1/16")	YES	NO
Two man installation		
Car body pinch weld prepped		
New glass prepped		
Defrost ducts cleared		
Brand of Glass used: _____ (PPG—Pilkington—Carlite—Mopar—Guardian)		
Adhesive System		
Urethane used	YES	NO
Adhesive brand: _____	Exp. Date: _____	
Metal primer brand: _____	Exp. Date: _____	
Glass primer brand: _____	Exp. Date: _____	
Timing/Curing Conditions		
Humidity: % Temperature: Above 40 F	YES	NO
Time Installation completed:	AM	PM
Recommended drive-away time:	AM	PM
Post-work Inspection		
Seats / Dash / vehicle exterior inspected		
Glass Cleaned		
Glass shop: _____		
Installer Signature: _____	Date: _____	

This form provided to you courtesy of:



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