

**BUILDING DESIGN DATA:**

Roof Area: \_\_\_\_\_ sq.ft. Building Use(natatorium,church, etc.) \_\_\_\_\_

Structural Support Material: \_\_\_\_\_ Maximum Support Spacing: \_\_\_\_\_ o.c.  
(i.e. Steel, Light Gauge Steel, Wood, Concrete, Masonry)

Roof Covering Type: \_\_\_\_\_ Slope of Roof: \_\_\_\_\_ Ceiling Type: \_\_\_\_\_

Steel Attachment Method:  Weld  Screw  PinBuilding Code:  SBCCI  UBC/ICBO  BOCA  SFBC**ROOF DECK ASSEMBLY PERFORMANCE REQUIREMENTS:**Uniform Live Load: \_\_\_\_\_ lbs./sf. or  Unknown Requested Deck Section \_\_\_\_\_Diaphragm Shear Strength: \_\_\_\_\_ lbs./lf.  Per Engineer ApprovalSteel Finish:  Gray Latex Primer Paint  G-60 Galv.  Most Economical  
 White Polyester Primer Paint  G-90 Galv.  White Poly. Primer Paint  
Over G-60 Galv.Thermal Resistance:  $R =$  \_\_\_\_\_  Winter Conditions  Summer ConditionsInsulating Value Determination Method:  Conservative (long-term)  Ric/Tima (aged)Wind Uplift Resistance:  UL Class 60  FM 1-60  FM \_\_\_\_\_  Per Engineer Approval  
 UL Class 90  FM 1-90  None Required**Fire Resistance:**  **UL Hourly Rated**  Non-Combustible  None Required**UL Hourly Duration:**  3 Hour  2 Hour  1½ Hour  1 Hour**UL Design No.:** P \_\_\_\_\_ **OR the Fire Protection Type:**  **Exposed Grid Acoustical Ceiling** **Gypsum Wallboard Ceiling**  **Sprayed Cementitious Mixture**  **Sprayed Fiber**Factory Mutual Classification:  FM Class 1  FM Class 2  None RequiredAcoustical NRC Rating: \_\_\_\_\_ Required NRC  None RequiredAcoustical STC Rating: \_\_\_\_\_ Required STC  None RequiredLoadmaster Noise Dampening System:  Required  None RequiredDuraperm Air Barrier/Vapor Retarder:  Required  None RequiredDuratrax Fastening System:  Required  None RequiredDuraclad Roofing Underlayment:  Required  None RequiredThe Terminator Roof Termination System:  Required  None RequiredHurricane Impact Resistant:  Required  None Required

Joint Manufacturers' Warranty: \_\_\_\_\_

**MISCELLANEOUS:**Specification Format:  Loadmaster  Loadmaster or Equal  Generic/PerformanceComputer Diskette with Specification and Drawings:  Required  None Required

Notes or Special Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Loadmaster - CompuDesign

## DATA INPUT FORM

Rev. 1.01

*CompuDesign* is an informational service of *Loadmaster Systems, Inc.* Its purpose is to aid in the designing and specifying of Loadmaster Roof Deck Assemblies. Please provide all known information requested on the Data Input Form. Items left blank will be assumed to be unknown or not required. Please provide the physical (street) address and telephone number of each person to receive a proposal. Only those listed below will receive proposals. A Form for a roof area is provided. Please use a separate form for each roof area, making photocopies, if necessary. Completed CompuDesign Data Input Forms can be mailed, sent overnight, or faxed to Loadmaster using the following:

Mailing Address: P. O. Box 2169  
Duluth, GA 30096

Physical Address: 4295-D International Blvd.  
Norcross, GA 30093

Telephone: (800) 527-4035

Fax: (770) 381-1783

### **PROJECT IDENTIFICATION:**

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

Location (City or County, State): \_\_\_\_\_

**LOADMASTER REPRESENTATIVE:** Send \_\_\_\_\_ Proposal(s) for Delivery on \_\_\_\_\_

Name: \_\_\_\_\_  Check here for e-mail only delivery

**PRIMARY DESIGN PROFESSIONAL:** Send \_\_\_\_\_ Proposal(s) for Delivery on: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Firm: \_\_\_\_\_  Check here for e-mail only delivery

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECONDARY DESIGN PROFESSIONAL:** Send \_\_\_\_\_ Proposal(s) for Delivery on: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Firm: \_\_\_\_\_  Check here for e-mail only delivery

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_