Loadmaster - CompuDesign

DATA INPUT FORM

Rev. 1.08

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: 3100E Northwoods Pl.
Peachtree Corners, GA 30071

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**

Architect: Send _____Proposal(s) for Delivery on:_____

Name: _____e-mail:_____

Firm: _____ ❑ **Check here for e-mail only delivery**

Address: _____

City: _____ State: _____ Zip: _____

Phone:_____ Fax: _____

Engineer: Send _____Proposal(s) for Delivery on:_____

Name: _____e-mail:_____

Firm: _____ ❑ **Check here for e-mail only delivery**

Address: _____

City: _____ State: _____ Zip: _____

Phone:_____ Fax: _____

CompuDesign AREA NAME:_____ No_____ of___

BUILDING DESIGN DATA:

Roof Area:_____sq. ft. Building Use(natatorium,church, etc.)_____
❑ Enclosed or ❑ Partially Enclosed

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 ❑ Pin

Building Code: ❑ IBC or ❑ SFBC Building Footprint ____ft x____ft. Height:_____ft.

ROOF DECK ASSEMBLY PERFORMANCE REQUIREMENTS:

Uniform Load:_____lbs./sf. or ❑ Unknown Requested Deck Section _____
(Including live, dead, snow, etc.)

Diaphragm Shear Strength:_____lbs./lf. ❑ Per Engineer Approval

Steel Finish: ❑ Gray Latex Primer Paint ❑ G-60 Galv. ❑ Most Economical
❑ White Polyester Primer Paint ❑ G-90 Galv. ❑ White Primer Over G-60

Thermal Resistance: R =_____(LTTR)

Wind Uplift Resistance in psf: Field:_____Perimeter:_____Corner:_____ Perimeter OH:_____Corner OH:_____

Importance Factor: _____ Exposure: B or C or D Design Wind Speed:_____MPH Risk Category_____

Fire Resistance: ❑ Non-Combustible ❑ None Required OR ❑ **UL Hourly Rated**

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 Required
Acoustical NRC Rating:	_____ Required NRC	❑ None Required
Acoustical STC Rating:	_____ Required STC	❑ None Required
Loadmaster Noise Dampening System:	❑ Required	❑ None Required
Duraperm Air Barrier/Vapor Retarder:	❑ Required	❑ None Required
Duratrax Fastening System:	❑ Required	❑ None Required
Duraclad Roofing Underlayment:	❑ Required	❑ None Required
The Terminator Roof Termination System:	❑ Required	❑ None Required
Hurricane Impact Resistant:	❑ Required	❑ None Required

Joint Manufacturers' Warranty: _____

Specification Format:
❑ Loadmaster ❑ Generic/Performance

Notes or Special Comments: _____

_____