Loadmaster Retrofit CompuDesign
for Poured Gypsum Roof Deck
Data Input Form

CompuDesign is an informational service of Loadmaster Systems, Inc. used as an aid in designing and specifying Loadmaster RETROFIT Roof Deck Assemblies. **Please provide all information requested on this Retrofit Data Input Form.** All information requested is critical to the development of a code-compliant assembly with an engineer's seal. Upon completion, all parties listed below will receive a copy of this CompuDesign unless noted otherwise. Please provide the physical address and email address of each person to receive the proposal. A form for ONE roof area is provided. Please use a separate form for each roof area, making copies, if necessary. Completed Retrofit Data Input Forms can be mailed, sent overnight, faxed, or e-mailed to Loadmaster using the following choices:

Mailing Address	PO Box 2169 Duluth, GA 30096	Physical Address	3100E Northwoods Pl Peachtree Corners, GA 30071
Telephone	(800) 527-4035	e-mail	jhendricks@loadmaster.net
Fax	(770) 381-1783		dcobb@loadmaster.net

Project Information

Project Name: _____

Street Address (req'd): _____ City & State (req'd):_____

Year Project Was Built (if known) _____ Building Use:_____

Submitter Information

Submitted By: _____ Company: _____

e-mail: _____ Certification Number: _____

Send: _____proposal(s) for delivery on: _____

☐ check here for e-mail only delivery ☐ include engineering report with CompuDesign

Owner or Roofing Design Professional

Name: _____ Company: _____

Address: _____

City, State & ZIP: _____

e-mail: _____ Phone Number: _____

Send: _____proposal(s) for delivery on: _____

☐ check here for e-mail only delivery ☐ include engineering report with CompuDesign

Loadmaster Poured Gypsum Deck Inspection Form

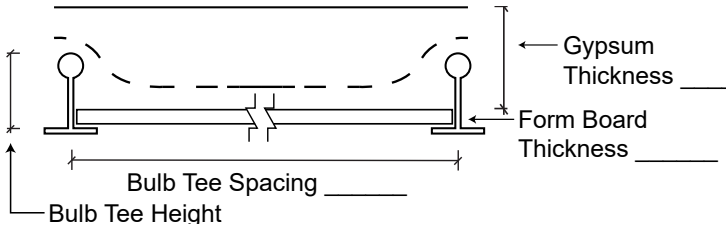
Loadmaster Systems, Inc.

Job Name_____

Area _____ of _____

Field Inspection

Existing Gypsum Deck and Roof



Type of Bulb Tee: ◯ Solid Steel ◯ Truss Tee

Tee attachment Welds Screws

Form Board Type: ◯ Gypsum ◯ Fiberglass ◯ Other _____

Form Board Length: _____

Existing Roof Covering _____ Roof Attachment_____

Steel Mesh In Gypsum: ◯ Yes ◯ No Reuse Bulb Tees: ◯ Yes ◯ No

Existing Structure

Type of Supports: ◯ Bar Joist ◯ Steel Beams ◯ LGST ◯ Other_____

max. o.c. support spacing _____ sf of Roof Area _____ Slope of Structure_____

Fire-Rated: ◯ Yes ◯ No Interior Drains: ◯ Yes ◯ No Exterior Scuppers/Gutters: ◯ Yes ◯ No

Condition of gypsum deck _____ Amount of Deck to Be Replaced _____

Gypsum Deck Replacement Method:
◯ Wet ◯ Dry

Please Describe Repair

Design Criteria for New Retrofit System

Overlay existing gypsum system or tear off to steel supports? ◯ Tear off ◯ Overlay

Design Wind Speed (mph)_____ Exposure_____ Importance Factor_____ Building Code_____

Min. Diaphragm Shear (plf)_____ Min. Uniform Load (psf)_____

New Roof Covering Type:_____ Fire Rated Assembly P-_____ Hours_____

R-Value Required_____ Insulation Type Required ◯ EPS ◯ Iso ◯ None Required

Diagonal Steel Bracing of Walls ◯ Yes ◯ No

Roof Dimensions_____ x _____ Mean Building Height_____

Area Name/Use_____

Additional Notes - Please describe the exisiting system. If a roofing consultant or engineer has been employed on this project, please included any design pressures or design criteria they have provided.

Please include a sketch including location of drains and roof slopes.

Form ver.1.0