

SECTION 01 78 26 FORM FOR ROOF DATA

Project:	_____
Project No.	_____

Facility:	_____

General Information:

Designer: _____

Contact: _____ Phone: _____

Contractor: _____

Contact: _____ Phone: _____

Dates Installed From: _____ To: _____

3 Yr Bond No.: _____ Exp. Date: _____

Warranty No.: _____ Exp. Date: _____

Roof Area: _____ square feet

Roof Access: Ladder Hatch

Number of Sub-Roof Areas: _____

Designers' Roof Cost Estimate: _____

Construction:

Type: New Tear-Off Re-cover

If Re-cover, Existing System: _____

Existing System, Tested for Asbestos: Yes No

If Yes, describe findings: _____

Roof Deck:

Concrete: Thickness: _____

Poured Precast Plank

T-Beams Lightweight

Other Concrete: _____

Wood: Thickness: _____

Plywood Tongue & Groove

Steel: Gauge: _____

Gypsum: Slab Plank

Structural Woodfiber Type: _____

Other: _____

Roof Slope: _____ inches/feet

Gypsum Board: No Yes / Type: _____

Vapor Retarder: No Yes / Type: _____

Insulation Type:

None Glass Fiber Wood Fiberboard

Perlite Phenolic Polystyrene

Composite Cellular Glass Isocyanurate

Other: _____

Insulation Attachment:

Mechanical Hot Asphalt Adhesive

Average Thickness: _____ inches

Max.: _____ Min.: _____

Average Insulation R-Value: _____

Venting: No Yes/Type: _____

System Type:

Modified Bitumen

Application Type: Hot Asphalt Heat Welded

Cold Adhesive

EPDM Membrane: .060 mil .045 mil Other

Ballasted Fully Adhered Mech. Fastened

Traffic Pads: No Yes/Type: _____

Base Flashings: Type: _____

Cant Strips: Wood Fiberboard Metal

Other: _____

Perimeter Flashing: Metal Termination Bar

Other: _____

Penetration Flashing: Metal Pitch Pan

Preformed

Counterflashing: None Thru-Wall Reglet

Coping/Fascia: No Yes/Type: _____

Form Completed

By: _____

Date: _____