

**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: .090 mil .060 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: _____