



Roof Testing & Calculation Information Sheet

Pitched Slope

Roof System Slope > 2:12 or 10 deg.

GENERAL INFORMATION:

Date: _____ **Job Name:** _____
Client: _____ **Address:** _____
 Address: _____
 Contact: _____
 Phone: _____ **Contact:** _____
 Fax: _____ **Contact Phone:** _____
 Cell: _____ **Occupancy Use:** _____

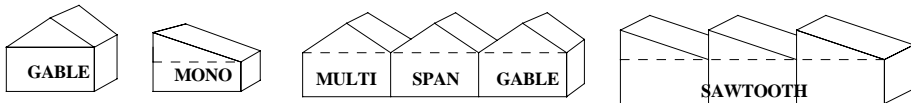
PROJECT INFORMATION:

Job Type: New Roof Re-Roof Metal Recover:
Slope: _____ **Eave Height:** _____ FT **Ridge Height:** _____ FT
 If Multiple Heights, Attach Sketch of Roof Plan with Deck Heights: Approximate Area: _____ SQ.
 Nominal Building Width: _____ FT (If Complex, Attach Simple Sketch) Roof Overhang Width: _____

Tile: Style: _____
Preferred Attachment: Adhesive (Foam) Mortar Screw Nail
Deck: Wood Thickness: _____ Other: _____
 Metal: Architectural: Steel Gauge: _____ Wood Thickness: _____ Other: _____
 Structural: Purlin/Joist Thickness: _____ Spacing: _____

Panel Name / Profile: _____
 Panel Material: Steel Aluminum Other: _____
 Attachment: Clip & Screw Thru Screw Screw Size: _____
 Shingles: Name & Style: _____
Material: Asphalt Slate Other: _____
Deck: Wood Thickness: _____ Other: _____

Proposed **Manufacturer:** _____
Miami-Dade NOA #: _____ (Product Acceptance) **System Subtype** & Page #: _____
 Roof Profile: (Circle One) (Fax Copy if Possible)



Testing Requested:

Tile Uplift / TAS-106
 Re-Roof Existing Deck / TAS-105 Fastener Pull
 Re-Cover / TAS-126 Moisture Survey
 Re-Roof / Asbestos Test

Engineering Calculations Requested:

Roof Attachment Calculation
 Wood Blocking Calculations
 Eave Flashings / Gutter / Coping Caps
 Anchor Rooftop Equipment