



Tilt-Up JOB INFORMATION SHEET

TILT-UP ENGINEERING DEPARTMENT
1125 Byers Rd. Miamisburg, OH 45342

Phone (937)866-0711 x 18949
Email: Tilt-Up@DaytonSuperior.com

Tilt-up detailing CAN NOT PROCEED unless this sheet, properly filled out, is received by Tilt-Up@DaytonSuperior.com.

Starred (*) items are required PLEASE PRINT LEGIBLY OR TYPE IN THE FORM FIELDS.

GENERAL INFORMATION:

*Job Name: _____
*Address: _____
*City: _____ *State: _____
*Contractor: _____
*Send Book to Email(s): _____

*Dealer Name: _____
 TCA Certified Company TCA Certified Supervisor
*Dealer Rep: _____
*DSC Sales Rep: _____
*P.O.#: _____

PROJECT INFORMATION:

*No. of Bldgs: _____ Total No. of Panels: _____ Project Shared in Tilt-Werks: Yes No
*Requested Due Date: _____ No. of detail booklets required: _____
For Entire Job or Partial set consisting of the following: _____
*Contract Drawings provided: Panel Drawings Architectural/Structural Drawings. Customer must provide drawing updates.
Receive Call from Dayton Superior Engineer prior to detailing: Yes No Contact Name: _____ Phone #: _____

OPTIONAL SERVICES ("\$" denotes EXTRA COST service):

Review steel shop drawings & detail add steel required for lift \$ Helical Anchor Layout & Geotech Report Review
 Provide Panel Geometry summary report, Typical Panels Only \$ Expedited details "RUSH". Completion determined by Engr Mgr
\$ Provide Lift & Brace engineering calculations \$ Stamp/booklets with _____ State P.E. stamp
\$ Detail Opposite Hand panel (shown on separate sheet) \$ Extra detail booklets (6 copies included in base cost)
\$ Deadman Size Recommendation (if applicable) \$ Overnight courier to _____

WALL PANEL LIFTING: *Required Yes No

*Preferred Lifter Type (e.g. T110): _____ Preferred Rigging Type (e.g. R42): _____
Panels to be lifted & handled more than one time: Yes No Panels: _____

NOTE! Per industry standards, Dayton Superior assumes that slight non-structural (cosmetic) cracking of the tilt-up panels during lifting is acceptable unless noted otherwise. **Design for No Cosmetic Cracking Allowed**

WALL PANEL BRACING: *Required Yes No

*PREFERRED BRACE TYPE(S): B1A B4 B7 B8 B9 B12 B14 B15 B16 B17A B18 _____
*Connect braces to: Floor Slab; Thickness _____ inches (5" min.) at _____ psi (if left blank 4000psi will be used.)
*Pour back strip/Leave out slab: No Yes ; if YES, must be shown on contract drawings or provide width _____
 Helical Ground Anchors Deadman; Braces to: Inside or Outside (if left blank Inside will be used.)
*Elevation of Helical Anchor or Deadman _____, BFF AFF

NOTE! Temporary erection braces will be designed for a construction period wind speed of 80 miles per hour, as specified by the Tilt-Up Concrete Association in the current edition of the TCA Guideline for Temporary Wind Bracing of Tilt-Up Concrete Panels During Construction, unless a different criteria is requested in writing in the special instruction section below.

CONCRETE: *Panels cast inside face up or outside face up

Strength: * _____ psi at time of lift, per contractor * 75% of _____ psi, per contractor
* 75% of tilt wall design strength, per provided contract structural drawings
*Unit Weight: normal or _____ pcf (if left blank Normal will be used) *Composite Panel: Yes No at _____ %
*Insulated (Sandwich) panel: Yes No *Down face surface treatment (e.g. Formliner): Yes No
*Insulation Size & Thickness: _____ Formliner details must be provided along with project drawings.

SPECIAL INSTRUCTIONS:

DSC USE ONLY

DSC Job #: _____ Date Rec'd: _____ Logged in by: _____ JIS Submitted by: _____

Version: 4-Feb-19

Submit