



PRECAST JOB INFORMATION SHEET

PRECAST ENGINEERING DEPARTMENT
7415 Emerald Dunes Drive, Ste. 1200
Orlando, FL 32822

Email: Precasteng@DaytonSuperior.com
Phone: 407-859-4541

Precast detailing CANNOT PROCEED unless this sheet, properly filled out, is received by Precasteng@daytonsuperior.com. Starred (*) items are required PLEASE PRINT LEGIBLY OR TYPE IN THE FORM FIELDS.

GENERAL INFORMATION:

*Job Name: _____ *Dealer Name: _____
 *City: _____ *State: _____ *Dealer Rep: _____
 *Contractor: _____ *DSC Sales Rep: _____
 *P.O.#: _____

*Send Book to Email(s): _____

As part of Dayton Superior's **Go Paperless** green initiative, books will be provided in an electronic format only. See Booklets Optional Services below.

PROJECT INFORMATION:

*No. of Bldgs: _____ Total No. of Panels: _____ Project Shared in Tilt-Werks: Yes No
 *Requested Due Date: _____ (A DATE MUST be provided for scheduling purposes, and to meet project needs. Standard lead time applies. Dates less than standard = RUSH)
 *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 Design: Yes No Contact Name: _____ Phone #: _____

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

\$ Provide Lift & Brace engineering calculations	\$ Expedited details "RUSH". Completion determined by Engr Mgr
\$ Detail Opposite Hand panel (shown on separate sheet)	\$ Stamp/booklets with _____ State P.E. stamp
\$ Estimated Deadman Size (If applicable)	\$ Booklet Quantity _____ (Standard Shipping)
\$ Helical Anchor Layout & Geotech Report Review	\$ Overnight courier to _____

*INSERT CAPACITY CHECK: Yes No

*Lifting Insert Type (e.g. T110): _____ *Critical Edge Distance: _____ *Concrete Thickness: _____
 *Concrete Compressive Strength: _____ *Required Safety Factor: _____ (if left blank 4:1 will be used)

*WALL PANEL LIFTING REQUIRED: Yes No

*Preferred Lifter Type (e.g. T110): _____ *Provide Lifting Requirements in Notes below Or Schedule a Pre-Engineering Call

*WALL PANEL BRACING REQUIRED: Yes No ; if Yes, Connect Braces to:

*Wall Connection Type:	*Preferred Brace Type(s):
*Floor Slab:	(if left blank, the most optimal brace type(s) will be used)
*Minimum Slab Thickness _____ inches (5" min.)	_____
*Brace Base Connection Bolt Type: _____	_____
*Minimum Floor Slab Compressive Strength _____ psi (if left blank 4000 psi will be used)	_____
*Helical Ground Anchors:	*Pour back strip/Leave out slab: No Yes ;
Inside or Outside (If left blank Inside will be used)	if YES, must be shown on contract drawings or provide width(s) below:
*Elevation of Helical Anchor _____, BFF AFF	
*Deadman:	
Inside or Outside (If left blank Inside will be used)	
*Elevation of Deadman _____, BFF AFF	

NOTE! Temporary erection braces will be designed for a construction period wind speed specified in this Job Information Sheet. It is the responsibility of the customer/contractor to ensure that specified wind speed meets job site requirements. Dayton Superior will not determine construction wind speed requirements, if not provided.

*Use temporary construction wind speed: _____ mph OR use 80% of design wind speed of _____ mph

CONCRETE: *Panels cast Inside face up or Outside face up *Unit Weight: Normal or _____ pcf (If left blank Normal will be used)

*Concrete Compressive Strength: _____ psi at time of first lift, per contractor (If left blank, 3000PSI minimum Strength will be used)

*Outside face surface treatment (e.g. Formliner): Yes No (Formliner details must be provided along with project drawings)

*Show Architectural Reveals on Details: Yes No (If left blank reveals will be shown)

*Insulated (Sandwich) panel: Yes No -----> Insulation Size & Thickness: _____

SPECIAL INSTRUCTIONS:

*Estimate provided: No Yes

DSC USE ONLY

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

Submit