Version: 02/23



## PRECAST JOB INFORMATION SHEET

PRECAST ENGINEERING DEPARTMENT 7415 Emerald Dunes Drive, Ste. 1200

Orlando, FL 32822

Phone: 407-859-4541

Email: Precasteng@DaytonSuperior.com

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 <b>Go Paperless</b> green initiative, books will b	e provided in an electronic format only. See Booklets Optional Services below.
PROJECT INFORMATION:	
*No. of Bldgs:Total No. of Panels: Pr	
*Requested Due Date:(A DATE MUST be provided for scheduling  *For Entire Job or Partial set consisting of the following:	ng purposes, and to meet project needs. Standard lead time applies. Dates less than standard = RUS
· · · · · · · · · · · · · · · · · · ·	al/Structural Drawings. Customer must provide drawing updates.
*Receive Call from Dayton Superior Engineer Prior to Design: You	es 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 Safe	ty Factor: ( <i>if left blank 4</i> :1 will be used)
*WALL PANEL LIFTING REQUIRED: Yes No  *Preferred Lifter Type (e.g. T110): *Provid  *WALL PANEL BRACING REQUIRED: Yes No ; if Yes, Connect E	e Lifting Requirements in Notes below Or Schedule a Pre-Engineering Call
*Wall Connection Type:	*Preferred Brace Type(s):
*Floor Slab:	(If left blank, the most optimal brace type(s) will be u
*Minimum Slab Thickness inches (5" min.)	Voc. No.
*Brace Base Connection Bolt Type :*Single Use: *Minimum Floor Slab Compressive Strength psi (if left b	Yes No lank 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) *Elevation of Helical Anchor, BFF AFF	(ES, must be shown on contract drawings or provide width(s) below:
*Deadman:	
Inside or Outside (If left blank Inside will be used) *Elevation of Deadman, BFF AFF	
<b>NOTE!</b> : Temporary erection braces will be designed for a construction	n period wind speed specified in this Job Information Sheet. It is the
<u>responsibil</u> ity of the customer/contractor to ensure that specified wi	nd speed meets job site requirements. Dayton Superior will not
determine construction wind speed requirements, if not provided.  *Use temporary construction wind speed: m	nph 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, p	er contractor (If left blank, 3000PSI minimum Strength will be used)
	ormliner details must be provided along with project drawings)
	eveals will be shown)
*Insulated (Sandwich) panel: Yes No> Insulation Siz	
SPECIAL INSTRUCTIONS:	*Estimate provided: No Yes
SELCIAL INSTRUCTIONS.	Littinate provided. NO Tes

**DSC USE ONLY** 

DSC Job #:\_\_\_\_\_ Date Rec'd:\_\_\_\_\_ Logged in by:\_\_\_\_\_

Submit