

Tilt-Up JOB INFORMATION SHEET

TILT-UP ENGINEERING DEPARTMENT 7415 Emerald Dunes Drive, Ste. 1200 Orlando, FL 32822

Email: Tilt-Up@DaytonSuperior.com

Phone: 407-859-4541

Tilt-up detailing CANNOT 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.

Starred () items are required (22/102) in	
GENERAL INFORMATION: *lob Name:	*Dealer Name:
*Job Name:*State:	*Dealer Rep:
*Contractor:	*DSC Sales Rep:
TCA Certified Company TCA Certified Supervisor(s)	*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:	<u>·</u>
*No. of Bldgs:Total No. of Panels: Proj	
*Requested Due Date: (Project will be scheduled based on current	·
*For Entire Job or Partial set consisting of the following:	
*Contract Drawings provided: Panel Drawings Architectural/	
*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)\$ Helical Anchor Layout & Geotech Report Review	 \$ Booklet Quantity (Standard Shipping) \$ Overnight courier to
\$ Panel Shop Drawings (Embeds, reveals, etc) With 2 Rev. Ma	
\$ Insulation Layout HK System Delta Tie Yeti Pin	A. Nev. Charges Separate
*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: Ves No: if Ves	> Danels:
*Panels to be lifted & handled more than one time: Yes No; if Yes No; if Yes	OTE:
Per industry standards, Dayton Superior assumes that slight non-structural (cosmetic) cracking of the tilt-up panels during lifting is acceptable, unless noted otherwise	
*WALL PANEL BRACING REQUIRED: Yes No ; if Yes, Connect Br	aces 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 : *Single Use Ye	s No (No. if left blank)
*Minimum Floor Slab Compressive Strength psi (if left bla	ank 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 YE	S, 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: ————————————————————————————————————	
	unless a different criteria is requested in writing in the special instruction section below.
CONCRETE: *Panels cast Inside face up or Outside face up	
*Unit Panel Weight: pcf (If left blank, 150pcf (145pcf Normal plain concrete + 5pcf rebar) will be used)	
*Concrete Compressive Strength: psi at time of lift, per contractor (If left blank, 3000PSI minimum Strength will be used)	
*Down 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