



Tilt-Up JOB INFORMATION SHEET

TILT-UP ENGINEERING DEPARTMENT
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Orlando, FL 32822

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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.

GENERAL INFORMATION:

*Job Name: _____ *Dealer Name: _____
 *City: _____ *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:

*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 _____

*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; if Yes ----> 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

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

*Wall Connection Type:

*Floor Slab:

*Minimum Slab Thickness _____ inches (5" min.)

*Brace Base Connection Bolt Type : _____ *Single Use: Yes No

*Minimum Floor Slab Compressive Strength _____ psi (if left blank 4000 psi will be used)

*Helical Ground Anchors:

Inside or Outside (If left blank Inside will be used)

*Elevation of Helical Anchor _____, BFF AFF

*Deadman:

Inside or Outside (If left blank Inside will be used)

*Elevation of Deadman _____, BFF AFF

*Preferred Brace Type(s):

(If left blank, the most optimal brace type(s) will be used)

*Pour back strip/Leave out slab: No Yes ;

if YES, must be shown on contract drawings or provide width(s) below:

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 *Unit Weight: Normal or _____ pcf (If left blank Normal 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