



Job Information Template

Project Name: _____

Building owner: _____ Building name: _____

Address: _____ Address: _____

City/State/Province: _____ City/State/Province: _____

Zip code/Postal code: _____ Zip code/Postal code: _____

Phone #: _____ Phone #: _____

Building Information:

Total Squares: _____

Building Height: _____

Roof Access: _____

Start Date: _____

Date of Completion: _____

Guarantee Information:

Guarantee Type: _____

Guarantee Length: _____

Addendum Requests:

Addendum: _____

Roof Details:

Project Type: New Construction: _____ Complete Tear-Off: _____ Partial Tear-Off _____ Re-cover Existing Roof* _____

*If re-cover, please describe existing system: _____

Roof Slope: _____ Deck Type: _____

Thermal/Fire Barrier Type: _____ Vapor Retarder Type: _____

Insulation:

Separators/Deck Overlay: Gypsum Fire Barrier ___ Fire Sheet 10 ___ Fire Sheet 50 ___ 3 oz Poly ___ 6 oz Poly ___

Separators for Re-cover Systems: _____

Base Layer: _____ Type: _____ Manufacturer: _____

Thickness: _____

Insulation Layer:

Layer 1

Type: _____ Thickness: _____ Insulation Size: _____ Attachment Type: _____

Describe Attachment: _____

Layer 2

Type: _____ Thickness: _____ Insulation Size: _____ Attachment Type: _____

Describe Attachment: _____

Layer 3

Type: _____ Thickness: _____ Insulation Size: _____ Attachment Type: _____

Describe Attachment: _____



Single-Ply

Guarantee
Registration

Roof Assembly:

EverGuard® Membrane Type:

TPO _____ TPO FB _____ Extreme® TPO _____ Extreme® TPO FB _____

45 _____ 50 _____ 60 _____ 70 _____ 80 _____

PVC _____ PVC FB _____ PVC XK _____ PVC XK FB _____

50 _____ 60 _____ 80 _____

System Type:

RhinoBond® _____

Fastener Type _____ Membrane Plate _____

Spacing per Board

Field _____ Perimeter _____ Corner _____

Mechanical _____

Fastener Type _____ Membrane Plate _____

On Center Spacing

Field _____ Perimeter _____ Corner _____

Adhered _____

Ballasted _____

Adhesive Type* _____

*If LRF:

Texture Type: Ribbon _____ Spatter _____

On Center Spacing

Field _____ Perimeter _____ Corner _____

Notes/Conditions

This is for reference only.