

2001 Company

the Wind Vented Roof System

Pre Installation Notice [PIN]

Date: _____

Project Directory

PIN # Assigned |

1. Project Name & Address:

Include Section Name (ie. Cafeteria, Film Plant)

Project Name					
Section Name					
Address 1					
Address 2					
City		State		Zip	

2. Building Owner Name & Address (if different from above): Repeat 2001 Customer Y N

Name					
Dept or Attn:					
Address 1					
Address 2					
City		State		Zip	

3. Building Owner Contact:

Name			Position		
Tel:		ext		Fax:	
Email:			Mobile:		
Company Name					
Address 1					
Address 2					
City		State		Zip	

4. Specifier/Designer/Architect

Name			Position		
Tel:		ext		Fax:	
Email:			Mobile:		
Company Name					
Address 1					
Address 2					
City		State		Zip	

5. Submitted by:

Contact:			Company:		
Email:			Mobile:		
Are you Project Manager?	<input type="checkbox"/> Y <input type="checkbox"/> N	PM Info Here.			
Kelly Rep:					

Existing Roof Assembly: (This section is critical for approval of wind vented roof assembly)

Mailing Address: P.O. Box 2557, Waterbury, CT 06723-2557
Shipping Address: 325 Thomaston Avenue, Waterbury, CT 06702
Tel: (203) 575-9220 • Fax: (203) 573-0781 • www.2001Company.com

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*denotes need for supplemental PIN information

‡denotes need for long form description of remediation

Roof Deck: (check one)

Wood 22ga Steel (or better) Structural Concrete Concrete Plank Gyp & Lgt Wht Tectum

Complete following for choice above:

Type		Thickness, Gauge or PSI	
Attached to:		Spacing:	
Deck to structure fastening method		Have you performed a pull out test on this deck?	<input type="checkbox"/> Y <input type="checkbox"/> N Av. Values:

Existing Insulation and Membrane Assembly: (from the deck up) Direct to Deck (Skip Section)

Note: Do not include any roof layers that are going to be removed in prep.

Vapor Barrier?	<input type="checkbox"/> Y <input type="checkbox"/> N	Type of Barrier	
Type of Insulation?	<input type="checkbox"/> None <input type="checkbox"/> lightweight <input type="checkbox"/> Perlite <input type="checkbox"/> Glas <input type="checkbox"/> Urethane <input type="checkbox"/> Wood Fibre <input type="checkbox"/> Iso <input type="checkbox"/> SPF		
1 st Membrane(describe)		Adhered or Solid Mopped?	<input type="checkbox"/> Y <input type="checkbox"/> N
Interply Insulation?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Type of Insulation?	<input type="checkbox"/> None <input type="checkbox"/> lightweight <input type="checkbox"/> Perlite <input type="checkbox"/> Glas <input type="checkbox"/> Urethane <input type="checkbox"/> Wood Fibre <input type="checkbox"/> Iso <input type="checkbox"/> SPF		
Coverboard Present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attachment?	
2 nd Membrane(describe)		Adhered or Solid Mopped?	<input type="checkbox"/> Y <input type="checkbox"/> N
Membrane Surfacing	<input type="checkbox"/> single ply <input type="checkbox"/> Smooth BUR <input type="checkbox"/> SPF <input type="checkbox"/> Granular <input type="checkbox"/> Slag & Spar		

*** Additional or non standard materials require Supplemental PIN Information.**

Proposed Air Seal:

To what surface will the patented 2001 Company air seals be applied?

Existing roof condition:

Entrapped Moisture?	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Local	<input type="checkbox"/> Severe‡	
Ponded Water?	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Local	<input type="checkbox"/> Severe‡	
Uncured Emulsion or Mastic?	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Local	<input type="checkbox"/> Severe‡	
Tenting Fasteners?	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Local	<input type="checkbox"/> Severe‡	‡all
Bridging or Blistering?	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Local	<input type="checkbox"/> Severe ‡	
Excessive Foot Traffic?	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Local	<input type="checkbox"/> Severe	‡all
Contaminate Discharge?	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Local	<input type="checkbox"/> Severe	‡all
Abandoned Projections	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Local	<input type="checkbox"/> Severe ‡	

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Existing Parapet & Perimeter Conditions:

(complete all that apply)

Ck Bx	Description	Where is proposed termination?
<input type="checkbox"/>	No Parapet, Wood blocking secured to masonry wall	
<input type="checkbox"/>	triple wyth brick wall with ceramic coping	
<input type="checkbox"/>	Cinder block wall with ceramic coping	
<input type="checkbox"/>	Brick or Cinder wall with Reglet	
<input type="checkbox"/>	<i>above</i> with wood blocking & metal edge or coping	
<input type="checkbox"/> *	Hollow stud wall with sheathing applied Sheathing is <input type="checkbox"/> ply <input type="checkbox"/> duro board <input type="checkbox"/> gypsum *	
<input type="checkbox"/> *	Hollow Stud or truss (mansard) set over & inside structural wall *	

Proposed Preparation Steps Prior to application of new 2001 Roof Membrane:

<input type="checkbox"/>	None	<input type="checkbox"/>	Sweep Membrane & Minor Repairs	
<input type="checkbox"/>	Suck/Broom Ballast *	<input type="checkbox"/>	Suck/Broom loose from embedded slag or stone	
<input type="checkbox"/>	Remove penetrations through deck/repair ‡			
<input type="checkbox"/>	Cut bridging perimeter flashings, apply air seal to deck or structural wall ‡			
<input type="checkbox"/>	Slash/Perforate Membrane above air sealed substrate for drying ‡			
<input type="checkbox"/>	Replace original drains ‡			

Proposed New Roof Assembly:

Special Conditions: (Yes answer requires supplement)

<input type="checkbox"/> Y <input type="checkbox"/> N	Project is over 5 stories tall?	*ASCE Supplement
<input type="checkbox"/> Y <input type="checkbox"/> N	Project is a community safety building?	*ASCE supplement for definitions.
<input type="checkbox"/> Y <input type="checkbox"/> N	Project is FM Insured?	*Roof Nav Supplement *Detailed fastening patterns
<input type="checkbox"/> Y <input type="checkbox"/> N	Project is Barrel or ≥ 3 Pitch?	* Steep Slope Supplement
<input type="checkbox"/> Y <input type="checkbox"/> N	Project requires wind speed ≥ 72 mph?	*ASCE supplement for definitions.
<input type="checkbox"/> Y <input type="checkbox"/> N	Project requires Hail Rider?	*Hail Rider Membrane Selection
<input type="checkbox"/> Y <input type="checkbox"/> N	Project has Solar or Roof Bearing planned?	*Consult 2001 for Puncture Enhancements
<input type="checkbox"/> Y <input type="checkbox"/> N	Project is "Forever Roof™" candidate?	*Consult 2001 for Program limitations
<input type="checkbox"/> Y <input type="checkbox"/> N	Project includes additional loose laid insulation	*ASCE Supplement

Notes:

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Membrane Selection:

Type:	<input type="checkbox"/> Black EPDM	<input type="checkbox"/> White EPDM	<input type="checkbox"/> Reinforced EPDM	<input type="checkbox"/> TPO	<input type="checkbox"/> PVC	<input type="checkbox"/> SA Modified		
Gauge:	<input type="checkbox"/> .045	<input type="checkbox"/> .050	<input type="checkbox"/> .060	<input type="checkbox"/> .072	<input type="checkbox"/> .080	<input type="checkbox"/> .090	<input type="checkbox"/> .100	<input type="checkbox"/> other
Attachment:	<input type="checkbox"/> MA	<input type="checkbox"/> Adhered	<input type="checkbox"/> Wind Vented					

Perimeter Air Seal & Termination:

None OSB Shear Skirt Direct Termination 9" RCT SPF

What 2001 Company detail are you principally using? (include #)

Interior Penetration Air Seal & Termination:

None OSB Shear Skirt Direct Termination 9" RCT SPF

What 2001 Company detail are you principally using? (include #)

Do you have the latest set of details for the work you are proposing?

Y N

Have you submitted any field (job specific) details for review?

Y N

Have you received a prompt response?

Y N

Is there a satisfactory explanation for the delay?

Y N

Do you wish to have a 2001 Company Representative present at your start?

Y N

What is the proposed start date?

Valve Layout:

Attach roof diagram (hand, dwg, rcg, pdf, bmp) to this returned form.

Satellite images have become popular. Mark Area of Work!

Diagram must have dimensions and any change of plane clearly marked.

You can suggest proposed layout if you know the patterns.

All submitted details and drawing will be returned to you promptly with counter-signature.

Square Footage: _____

Roof Warranty:

What is the requested warranty coverage for this roof? (from schedule):					
Do you have the current warranty schedule and prices? <input type="checkbox"/> Y <input type="checkbox"/> N					
	requested	PIN App	Admin App	Field App	A/R Appr
Labor & Material					
Warranty Supplements					
Wind Rider:					
Wet Roof Drying:					
Wind Blown Debris:					
Hail Impact Damage:					
Forever Roof					

Note: We have a team of professionals able and willing to assist you in every phase of your project from technical through purchasing to field. Call for assistance.

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