



# APPLICATION FOR ACCEPTANCE OF ROOFING SYSTEM

CONTACT INFORMATION:

INDEX NUMBER:

ROOFING CONTRACTOR (NAME & ADDRESS)	TELEPHONE NO.:	FAX:
	E-MAIL ADDRESS:	CONTACT:
CLIENT (NAME & ADDRESS)	TELEPHONE NO.:	FAX:
	E-MAIL ADDRESS:	CONTACT:

**OVERVIEW OF WORK:** *(Submit 1 form per roof area)*

Building Name & Number:			
Building Dimensions: Length:	ft/m;	Width:	ft/m.;
Height:		ft/m.	
Roof Slope:			
Parapet Height ,max (in./m):		Parapet Height ,min (in./m):	
Type of Work:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recover (New roof over existing Roofing System)	
	<input type="checkbox"/> Reroof (New cover/remove existing roofing system to deck)	<input type="checkbox"/> Other	
<b>FM Approved RoofNav Assembly Numbers:</b>			

**ROOF SURFACING:**

<input type="checkbox"/> None	
<input type="checkbox"/> Coating	(Trade Name/Application Rate)
<input type="checkbox"/> Granules	(Application Rate)
<input type="checkbox"/> Gravel/Slag	(Application Rate)
<input type="checkbox"/> Ballast:	<input type="checkbox"/> Stone Size
<input type="checkbox"/> Pavers	(Beveled or square edge);
<input type="checkbox"/> Other:	
Ballast Weight (psf):	Field: Perimeter: Corners:

**ROOF COVER/MEMBRANE:**

*(Please provide ALL applicable details including trade name, type, number of plies, thickness, reinforced, adhesive)*

<input type="checkbox"/> Panel:	<input type="checkbox"/> Through Fastened Metal
	<input type="checkbox"/> Standing Seam metal
	<input type="checkbox"/> Fiber Reinforced Plastic (FRP)
	<input type="checkbox"/> Other:
<input type="checkbox"/> Built Up Roofing (BUR)	
<input type="checkbox"/> Modified Bitumen	
<input type="checkbox"/> Single Ply:	<input type="checkbox"/> Adhered <input type="checkbox"/> Fastened <input type="checkbox"/> Ballasted
<input type="checkbox"/> Spray Applied	
<input type="checkbox"/> Other:	

**BASE SHEET:**

*(Please include Trade Name, Type, and Width)*

<input type="checkbox"/> None	
Trade Name:	Width: <input type="checkbox"/> 36 In. <input type="checkbox"/> 1 meter (39 In.)
<input type="checkbox"/> Fastened	<input type="checkbox"/> Adhered
<input type="checkbox"/> Secured per RoofNav	<b>OR</b> <input type="checkbox"/> Per FM Global Loss Prevention Data Sheet 1-29
Comments:	
<input type="checkbox"/> Air Retarder	
<input type="checkbox"/> Vapor Retarder	

**INSULATION**

Layer	Trade Name	Thickness (In.)	Fastened	Adhered	Tapered
1. Top			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Next			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Next			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Next			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Glass Fiber/Mineral Wool/Batt	<input type="checkbox"/> Facer Type/Vapor Barrier
<input type="checkbox"/> Thermal Barrier	
<input type="checkbox"/> Other:	
<input type="checkbox"/> None	



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**DECK:**

(Please include manufacturer, type, yield strength, thickness/gage, etc.)

<input type="checkbox"/> Steel:	
<input type="checkbox"/> LWIC (Form Deck):	<input type="checkbox"/> Cementitious Wood Fiber:
<input type="checkbox"/> Concrete: <input type="checkbox"/> Pre-cast panels or <input type="checkbox"/> Cast in Place	
<input type="checkbox"/> Wood	
<input type="checkbox"/> Fiber Reinforced Cement	<input type="checkbox"/> Fiber Reinforced Plastic
<input type="checkbox"/> Gypsum: <input type="checkbox"/> Plank	<input type="checkbox"/> Poured
<input type="checkbox"/> Other:	
Comments:	

**ROOF STRUCTURE (Include Size, Gage, Etc.):**

<input type="checkbox"/> Purlins <input type="checkbox"/> "C" OR <input type="checkbox"/> "Z"		
<input type="checkbox"/> Joists <input type="checkbox"/> Wood OR <input type="checkbox"/> Steel		
<input type="checkbox"/> Beams <input type="checkbox"/> Wood OR <input type="checkbox"/> Steel		
<input type="checkbox"/> Other:		
Spacing: Field:	Perimeter:	Corners:
Comments:		

**FASTENERS USED IN ROOF ASSEMBLY:**

<b>Roof Cover Fasteners:</b> Trade Name:	Length:	Diameter:
Stress Plate/Batten:		
Spacing: Field: <b>X</b>	Perimeter: <b>X</b>	Corners: <b>X</b>
<b>Insulation Fasteners:</b> Trade Name:	Type:	
Size:	Stress Plate:	
Spacing: Field:	Perimeter:	Corners:
<b>Deck Or Roof Panels Fasteners:</b>	Type:	
Trade Name:	Size Washer:	
Length:		
If Weld: Size:	Weld:	Washer:
Deck Side Lap Fasteners: Field: <b>X</b>	Perimeter: <b>X</b>	Corners: <b>X</b>
Spacing: Field: <b>X</b>	Perimeter: <b>X</b>	Corners: <b>X</b>
<b>Base Sheet Fasteners</b>	Type:	
Trade Name:	Length:	
Head Diameter:		
Spacing: (Attached Sketches as necessary)		
Spacing Along Laps: Field:	Perimeter:	Corners:
No. Intermediate Rows: Field:	Perimeter:	Corners:
Spacing Along Intermediate Rows: Field:	Perimeter:	Corners:

**PERIMETER FLASHING:**

(Attach a detailed sketch of metal fascia, gravel stop, nailer, coping, etc.)

<input type="checkbox"/> FM Approved Flashing	<input type="checkbox"/> Per FM Global Loss Prevention Data Sheet 1-49
<input type="checkbox"/> Other:	Comments:

**DRAINAGE:**

For new construction: Has roof drainage been designed by a Qualified Engineer per FM Global Loss Prevention Data Sheet 1-54 and the local building code? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach details)
For re-roofing and recovering: will the roof drainage be changed from the original design (for example: drain inserts, drains covered or removed, new expansion joints, blocked or reduced scupper size? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were the changes reviewed by a Qualified Engineer? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach details)
Is secondary (emergency) roof drainage provided per FM Global Data Sheet 1-54? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach details)

Signature of Property Owner: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Installing Contractor: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



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## FM Global OFFICE REVIEW

(Please leave blank for FM Global Office Review)

### WIND:

Design Wind Speed: _____ (mph)	Ground Terrain: <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Uplift Pressure in field: _____ (psf)	Uplift Rating Required:
Adequate Uplift Rating Provided:	Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No

### FIRE:

Internal Assembly Rating: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Non-Combustible	
External Fire Rating: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> None	
Concealed Spaces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinklers below Roof? <input type="checkbox"/> Yes <input type="checkbox"/> No
Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### HAIL:

Hail Rating Needed? <input type="checkbox"/> SH <input type="checkbox"/> MH <input type="checkbox"/> None	Hail Rating Provided? <input type="checkbox"/> SH <input type="checkbox"/> MH <input type="checkbox"/> None
Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### COLLAPSE:

If standing seam, has collapse been reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### COMMENTS:

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

### FM Global Field Review:

(Leave blank for on-site review by FM Global Loss prevention Consultant):

System installed per reviewed/accepted plans?  Yes  No

If no, explain:

Installation witnessed by FM Global?  Yes  No

Uplift test needed?  Yes  No

*(Uplift testing is REQUIRED for applicable new and recover roofs in hurricane, typhoon or tropical cyclone prone regions (see DS 1-29 and 1-52 for more information))*

Uplift testing satisfactorily completed  Yes  No  DNA

If yes, note pressures held for the: Field \_\_\_\_\_ Perimeter \_\_\_\_\_ Corners \_\_\_\_\_

If no, explain and provide required and obtained uplift pressures and other details and attach to this form.

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_