

Engineering Design Request Form

(CEILINGS)



Please fill in the spaces provided below with as much information as possible.

03 9737 2500

1. Project Details

Project Name:..... Project Address:.....

Customer Name: Contact Details:

Builders/Contractors Contact Details:/.....

Engineers/Architects Contact Details:/.....

2. Design Information

Building Type: Ceiling Location (Internal/External):

Trafficable/Non Trafficable (Provide Details):

Applicable Fire Ratings/Acoustic Ratings:

Design Pressures:kPa (Ultimate) &kPa (Service) Terrain Category (TC):

Note: Design pressures can be obtained from project engineer or consulting engineer(s).

3. Structures Details

3.1 CEILINGS

Ceiling Type (Horizontal/Raked/Curved/Other):

Fixing Configurations (Direct Fixed on FC/TCR or Suspended):

Is it Stud Ceiling Systems? (Single Span/Double Span/Span Info?):

Ceiling Drop Height:

Ceiling Linings Type/Weight (kg/m²):

Any Insulation & Services Weights (kg/m²):

4. Additional Info, Notes & Instructions

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