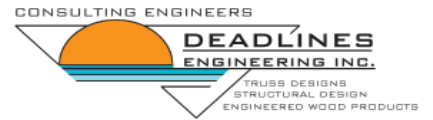


Repair Form for I-Joist with a Beveled End



Customer information

Date _____

Name: _____

Company: _____

Phone #: _____

Fax #: _____

Job Name: _____

Location: _____

Who referred you to our site? _____

I-Joist Information

Joist Manufacturer & Series _____

Depth: _____

Loading

Joist Type: Commercial / Residential

O.C. Spacing: _____

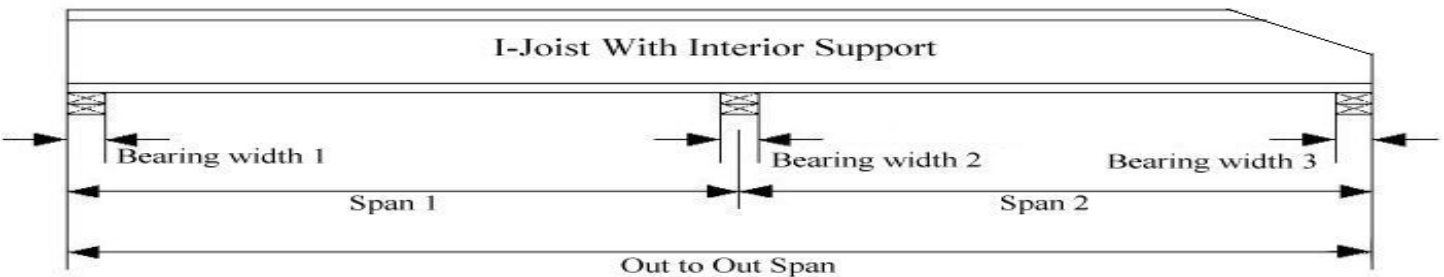
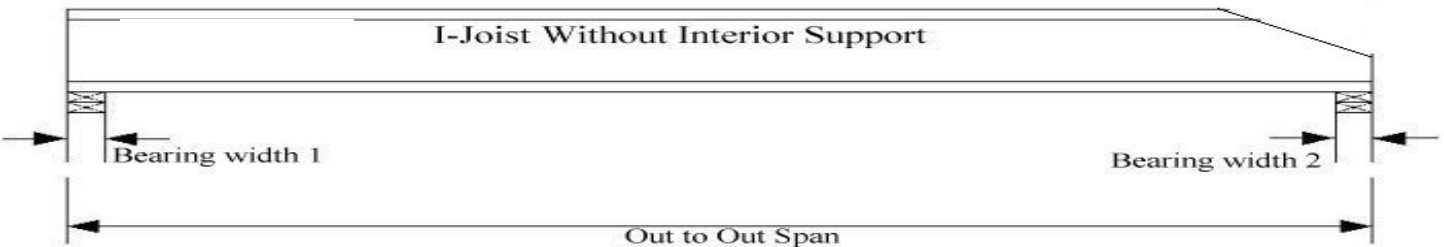
Live Load _____ PSF

Application: Floor / Roof

(Center to center distance between joist)

Dead Load _____ PSF

If Roof Slope ____/12



Out to Out Span: _____

Bearing Width 1: _____

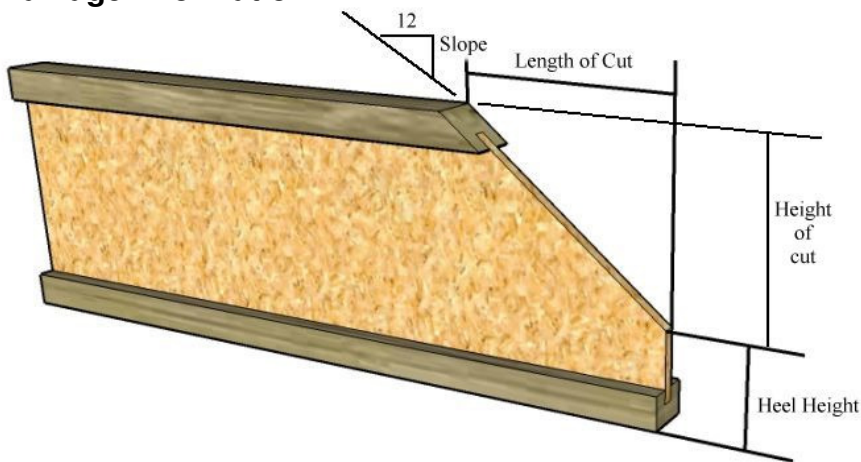
Span 1: _____

Bearing Width 2: _____

Span 2: _____

Bearing Width 3: _____ (if applies)

Damage Information



Heel Height: _____

Slope: _____ / 12

Length of cut _____

Height of cut _____