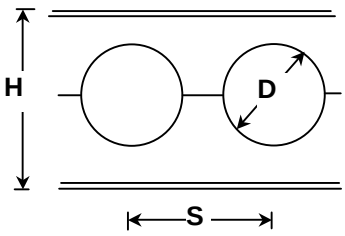
CELLULAR ROOF BEAM
DESIGN ENQUIRY FORM

Company:	Address:
Name:	
Tel: Fax:	
E-Mail:	
Project:	Beam Ref:

LAYOUT	Rafter ( )		Spine ( )	Notes:
	Span Meters		Centres Meters	
	Full Restraint ( )		No Restraint ( )	
	Partial Restraint ( )		Restraint Centres Meters	
LOADING	Live	Unfactored	kN/m^2	
	Roof Decking	Unfactored	kN/m^2	
	Min. Dead Load (Wind Uplift)	Unfactored	kN/m^2	
	Wind(net:up or down)	Unfactored	kN/m^2	
	Other	Unfactored	kN/m^2	
LIMITS	Maximum Depth (leave blank if no limit)		mm	
	Minimum Diameter(leave blank if no limit)		mm	
RADIUS	Approx Radius (if applicable)		Meters	

The Cellular Beam Proposed below is one of MANY possible solutions.
Please advise if any of the dimensions shown are unsuitable.

For completion by MACSTEEL

CELLULAR BEAM:	GRADE:	Notes:
 H……mm D……mm S ……mm	Top Tee: _____ Btm Tee: _____	

Signed_____Date_____Checked_____Date_____

MACSTEEL TRADING DESIGN NO: REV:

PLEASE PHOTOCOPY THIS FORM FAX:(011) 871-4667