Steel Specification Form

Customer Details:

Customer Name:		Site Address:
Company:		
Email Address:		
Contact Number:		

Rating Required: 30 mins ☐ 60 mins ☐ 90 mins ☐

Are the Steels: Primed ☐ Visible ☐ Dry Internal ☐ Damp Internal ☐ External ☐

Steel Condition? (i.e Clean, Rusty, Pre-Painted: _____

Section Type:



Joist | Universal Column/ Beam | Cruciform | Channel | Angle | Tee | CHS | RHS | SHS

	Details of Steels to be Treated									
	Section Type	No. Exposed Sides	Vertical (V) Horizontal (H)	Web Depth or Diam (mm)	Flange Width (mm)	Mass Per kg (if known)	Thickness of Flange (if known)	No.	Length (m)	Total
e.g.	**UB**	**4**	**V**	**152**	**152**	**30**		**7**	**6.2**	**43.4**
1										
2										
3										
4										
5										
6										
7										
8										
9										