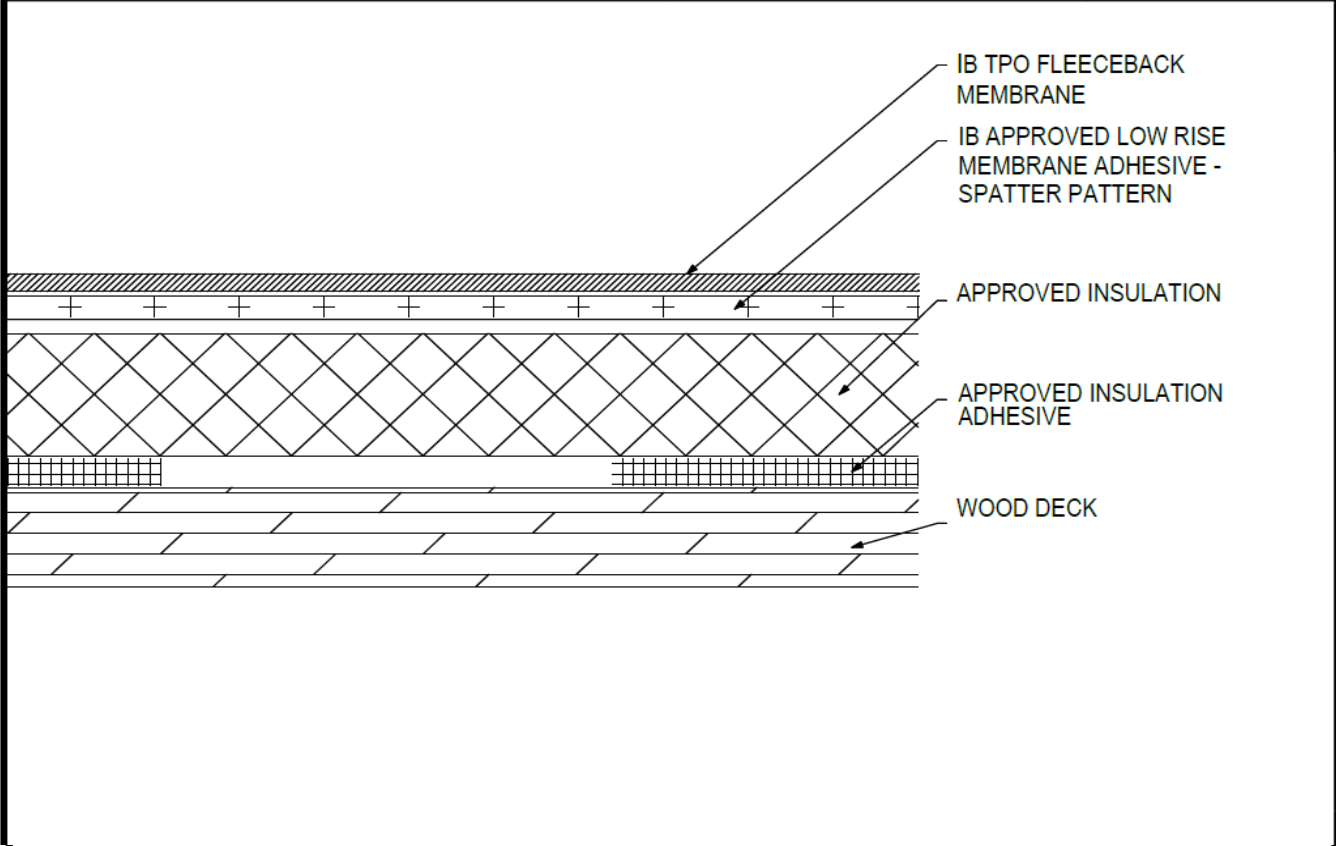


Adhered TPO Membrane (SP) - Insulation (RB) - Wood Deck (New or Tear-Off)



| Deck Type | Insulation | | | IB Membrane Securement** |
|---------------------|---------------------|----------------------------------|---------------------------------------|--|
| | Type ^{1,2} | Insulation Adhesive ³ | Pattern | Attachment ⁴ |
| Min. 7/16" OSB | Approved Insulation | Approved Insulation Adhesive | Min. Four Continuous Ribbons, 12" oc. | IB Approved Low Rise Membrane Adhesive |
| Min. 1/2" Plywood | Approved Insulation | Approved Insulation Adhesive | Min. Four Continuous Ribbons, 12" oc. | IB Approved Low Rise Membrane Adhesive |
| Min. 19/32" Plywood | Approved Insulation | Approved Insulation Adhesive | Min. Four Continuous Ribbons, 12" oc. | IB Approved Low Rise Membrane Adhesive |

¹Approved Insulation: IB Energy Board II or III, or IB Approved UL Classified Polyisocyanurate.

²The use of some IB Approved Insulations may not achieve UL Classification.

³Approved Insulation Adhesive: Rapid Set Adhesive, Rapid Set PG Foam, Rapid Set ECO Spray Foam, Rapid Set ECO₂ Spray Foam, Millennium One Step, Millennium PG-1 SAF Pump Grade, Millennium PG-1 EF ECO, Millennium PG-1 EF ECO₂, OB500 Adhesive Fastener, OB500 Cannister, or TriFast Roofing Adhesive.

⁴Approved Low Rise Membrane Adhesive: IB Rapid Set ECO₂ Spray Foam, Millennium PG-1 EF ECO₂ Adhesive.

System Uplift Note(s): **Refer to applicable Approval Guide for System Code and/or FM Approvals Information. *Refer to Substrate Resistance Table for required pull-out values.**

For additional information about IB Roof Systems requirements, recommendations, installation details, approvals, and limitations for the above assemblies, please refer to the latest edition of the IB Roof Systems Specifications Manual. For Technical Services please contact IB Technical Department at 800-426-1626.

| Membranes: | | Membrane Color: | | Warranty Length** | | | | Warranty Type** | | | |
|--|-------------------|--------------------------|--------|--|---------|--------------------------|---------|--------------------------|---------|--------------------------|--|
| <input type="checkbox"/> | IB TPO FB 115 Mil | <input type="checkbox"/> | White* | <input type="checkbox"/> | 10 Year | <input type="checkbox"/> | 15 Year | <input type="checkbox"/> | 20 Year | <input type="checkbox"/> | Contractor Warranty Only |
| <input type="checkbox"/> | IB TPO FB 135 Mil | <input type="checkbox"/> | White* | <input type="checkbox"/> | 15 Year | <input type="checkbox"/> | 20 Year | <input type="checkbox"/> | 25 Year | <input type="checkbox"/> | Total Systems - No Dollar Limit (TSW) |
| <small>*Meets CRRC, Title 24, LEED (SRI)</small> | | | | <small>**Refer to Warranty Selection Guide for Warranty Riders, Term Length Limitations, and eligibility requirements of the IB Warranty Program</small> | | | | <input type="checkbox"/> | | <input type="checkbox"/> | Warranty Plus (WP) |
| | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | Commercial Limited Material Warranty (CLMW) |
| | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | Residential Limited Material Warranty (RLMW) |

| | | | |
|---------------|--|---------------|--|
| Submitted By: | | Project Name: | |
| Company Name: | | Address: | |
| Email/Phone: | | City/State: | |