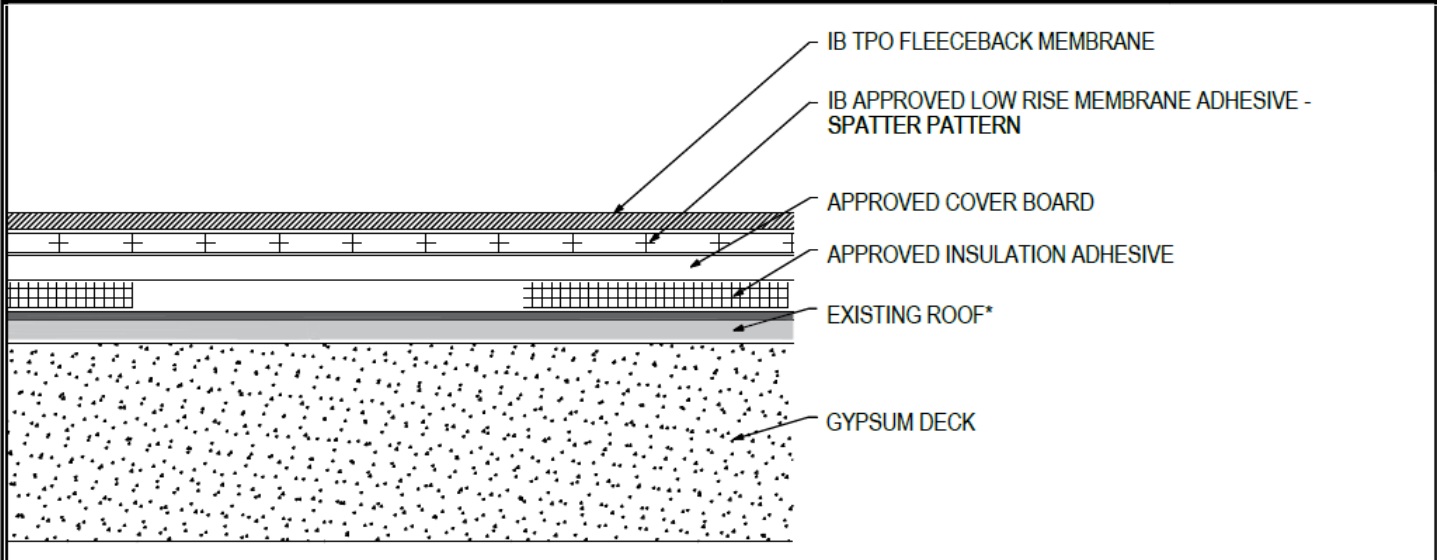


**Adhered TPO Membrane (SP) - Cover Board (RB) - Existing Roof - Gypsum Deck (Recover)**



Deck Type	Cover Board (over Existing Roof) <sup>1</sup>			IB TPO Fleeceback Membrane Securement <sup>**</sup>
	Type <sup>2,3</sup>	Insulation Adhesive <sup>4</sup>	Pattern <sup>***</sup>	Attachment <sup>5,6</sup>
Poured Gypsum	Approved Cover Board	Approved Insulation Adhesive	Continuous Ribbons, 12" oc.	IB Approved Low Rise Membrane Adhesive
Poured Gypsum	Approved Cover Board	Approved Insulation Adhesive	Continuous Ribbons, 6" oc.	IB Approved Low Rise Membrane Adhesive

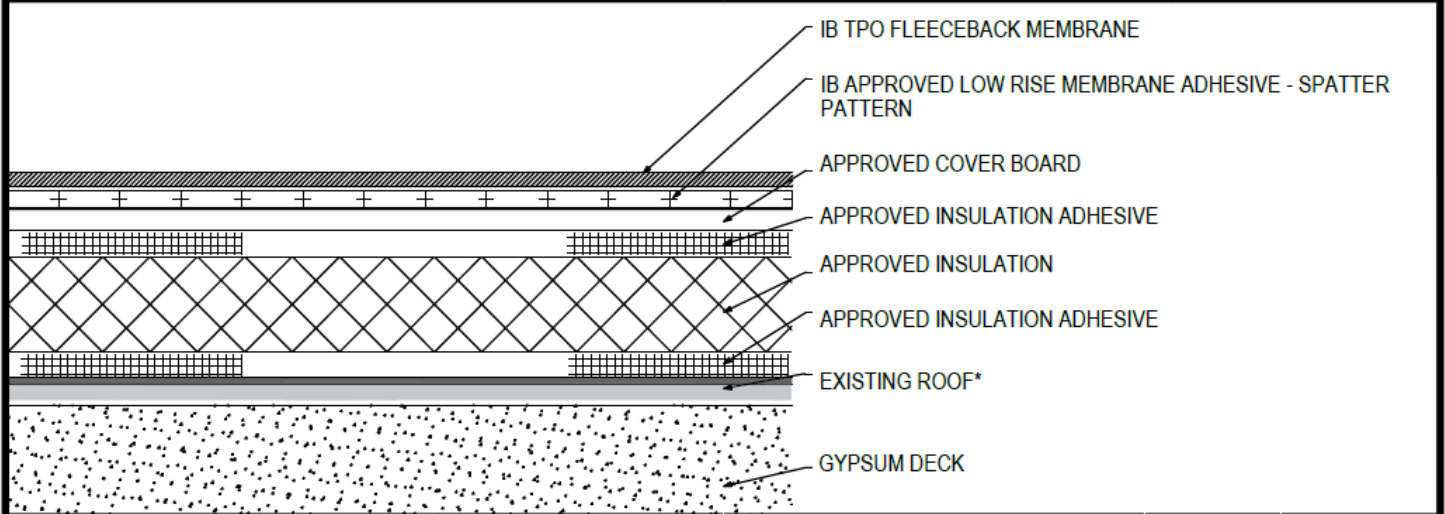
<sup>1</sup>Existing Roof: APP or SBS modified bitumen, smooth or granule surfaced asphaltic built-up roof only.  
<sup>2</sup>Approved Cover Board: DensDeck Prime, DensDeck StormX Prime, Securock Ultralight Coated Glass-Mat, Securock Gypsum Fiber Board, or DEXcell FA Glass Mat Roof Board, minimum 1/4" thickness; or minimum 7/16" DEXcell Cement Roof Board; or minimum 1/2" IB HD ISO-J, or 1/2" IB Recovery Energy Board III-J.  
<sup>3</sup>The use of some IB Approved Cover Boards may not achieve UL Classification.  
<sup>4</sup>Approved Insulation Adhesive: Rapid Set Adhesive, Rapid Set PG Foam, Rapid Set ECO Spray Foam, Rapid Set ECO<sub>2</sub> Spray Foam, Millennium One Step, Millennium PG-1 SAF Pump Grade, Millennium PG-1 EF ECO, Millennium PG-1 EF ECO<sub>2</sub>, OB500 Adhesive Fastener, OB500 Cannister, or TruFast Roofing Adhesive.  
<sup>5</sup>Approved Low Rise Membrane Adhesive: IB Rapid Set ECO<sub>2</sub> Spray Foam, Millennium PG-1 EF ECO<sub>2</sub> Adhesive.  
<sup>6</sup>The use of some IB Approved Low Rise Membrane Adhesives may not achieve UL Classification

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

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

**Adhered TPO Membrane (SP) - Cover Board (RB) - Insulation (RB) - Existing Roof - Gypsum Deck (Recover)**



Deck Type	Insulation (over Existing Roof) <sup>1</sup>			Cover Board			IB TPO Fleeceback Membrane Securement <sup>**</sup>
	Type <sup>2,4</sup>	Attachment <sup>5</sup>	Pattern <sup>***</sup>	Type <sup>3,4</sup>	Attachment <sup>5</sup>	Pattern <sup>***</sup>	Attachment <sup>6,7</sup>
Poured Gypsum	Approved Insulation	Approved Insulation Adhesive	Continuous Ribbons, 12" oc.	Approved Cover Board	Approved Insulation Adhesive	Continuous Ribbons, 12" oc.	IB Approved Low Rise Membrane Adhesive
Poured Gypsum	Approved Insulation	Approved Insulation Adhesive	Continuous Ribbons, 6" oc.	Approved Cover Board	Approved Insulation Adhesive	Continuous Ribbons, 6" oc.	IB Approved Low Rise Membrane Adhesive

<sup>1</sup>Existing Roof: APP or SBS modified bitumen, smooth or granule surfaced asphaltic built-up roof only  
<sup>2</sup>Approved Insulation: IB Energy Board II or III, or IB Approved UL Classified Polyisocyanurate, IB Approved UL Classified Expanded Polystyrene, IB Approved UL Classified Extruded Polystyrene Insulation.  
<sup>3</sup>Approved Cover Board: DensDeck Prime, DensDeck StormX Prime, Securock Ultralight Coated Glass-Mat, Securock Gypsum Fiber Board, or DEXcell FA Glass Mat Roof Board, minimum 1/4" thickness; or minimum 7/16" DEXcell Cement Roof Board; or minimum 1/2" IB HD ISO-J, or 1/2" IB Recovery Energy Board III-J.  
<sup>4</sup>The use of some IB Approved Insulations and/or Cover Boards or combinations thereof may not achieve UL Classification.  
<sup>5</sup>Approved Insulation Adhesive: Rapid Set Adhesive, Rapid Set PG Foam, Rapid Set ECO Spray Foam, Rapid Set ECO<sub>2</sub> Spray Foam, Millennium One Step, Millennium PG-1 SAF Pump Grade, Millennium PG-1 EF ECO, Millennium PG-1 EF ECO<sub>2</sub>, OB500 Adhesive Fastener, OB500 Cannister, or TruFast Roofing Adhesive.  
<sup>6</sup>Approved Low Rise Membrane Adhesive: IB Rapid Set ECO; Spray Foam, Millennium PG-1 EF ECO<sub>2</sub> Adhesive.  
<sup>7</sup>The use of some IB Approved Low Rise Membrane Adhesives may not achieve UL Classification

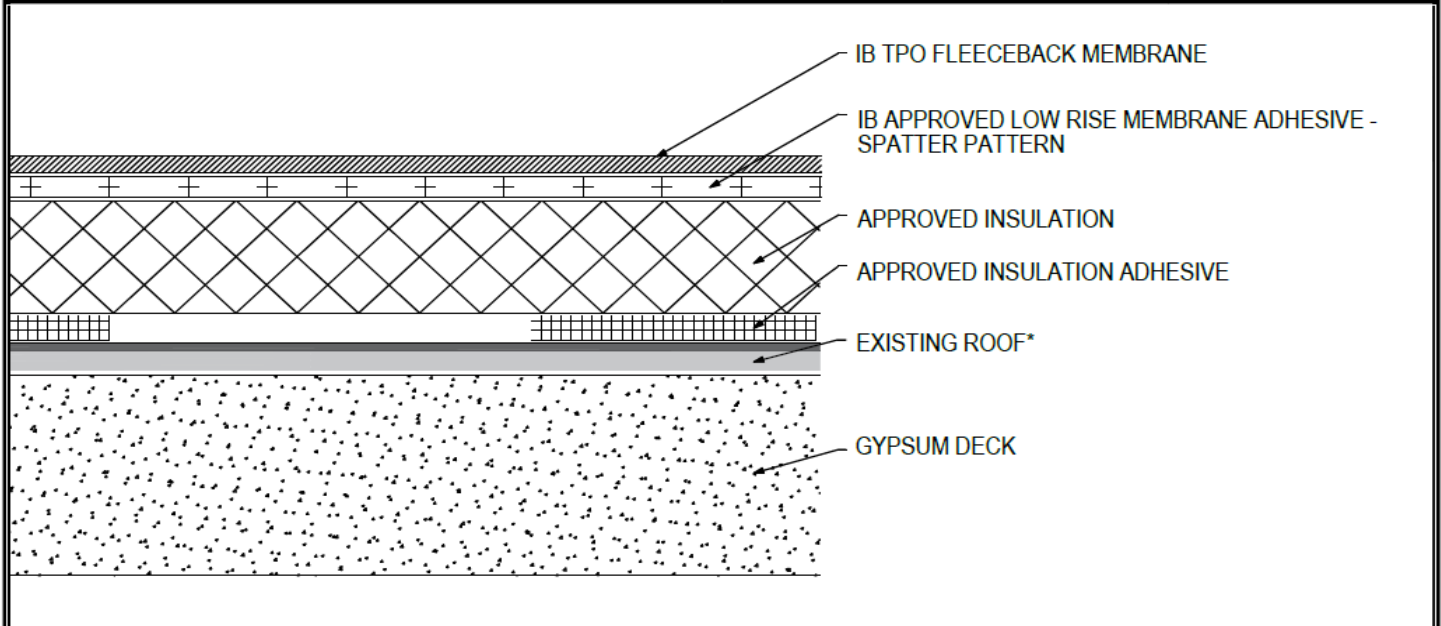
**System Uplift Note(s):** \*\*Refer to applicable Approval Guide for System Code and/or FM Approvals Information. \*\*\*Refer to Substrate Resistance Table for required pull-out values.

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

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

**Adhered TPO Membrane (SP) - Insulation (RB) - Existing Roof - Gypsum Deck (Recover)**



Deck Type	Insulation (over Existing Roof) <sup>1</sup>			IB TPO Fleeceback Membrane Securement <sup>**</sup>
	Type <sup>2,3</sup>	Insulation Adhesive <sup>4</sup>	Pattern <sup>***</sup>	Attachment <sup>5,6</sup>
Poured Gypsum	Approved Insulation	Approved Insulation Adhesive	Continuous Ribbons, 12" oc.	IB Approved Low Rise Membrane Adhesive
Poured Gypsum	Approved Insulation	Approved Insulation Adhesive	Continuous Ribbons, 6" oc.	IB Approved Low Rise Membrane Adhesive

<sup>1</sup>Existing Roof: APP or SBS modified bitumen, smooth or granule surfaced asphaltic built-up roof only.

<sup>2</sup>Approved Insulation: IB Energy Board II or III, or IB Approved UL Classified Polyisocyanurate.

<sup>3</sup>The use of some IB Approved Insulations may not achieve UL Classification.

<sup>4</sup>Approved Insulation Adhesive: Rapid Set Adhesive, Rapid Set PG Foam, Rapid Set ECO Spray Foam, Rapid Set ECO<sub>2</sub> Spray Foam, Millennium One Step, Millennium PG-1 SAF Pump Grade, Millennium PG-1 EF ECO, Millennium PG-1 EF ECO<sub>2</sub>, OB500 Adhesive Fastener, OB500 Cannister, or TruFast Roofing Adhesive.

<sup>5</sup>Approved Low Rise Membrane Adhesive: IB Rapid Set ECO<sub>2</sub> Spray Foam, Millennium PG-1 EF ECO<sub>2</sub> Adhesive.

<sup>6</sup>The use of some IB Approved Low Rise Membrane Adhesives may not achieve UL Classification

**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.**

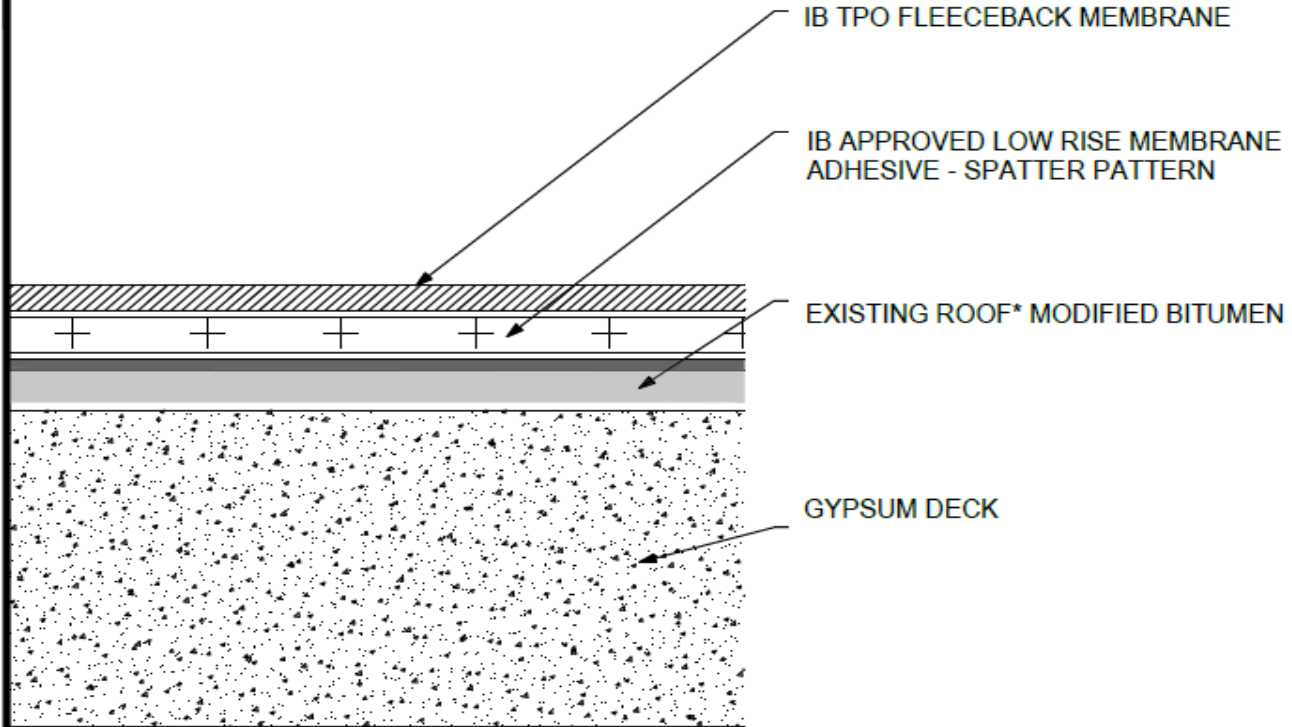
For additional information about IB Roof Systems requirements, recommendations, installation details, approvals, and limitations for the above assemblies, please refer to the latest edition of the IB Roof Systems Specifications Manual. For Technical Services please contact IB Technical Department at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

Membranes:		Membrane Color:		Warranty Length <sup>**</sup>			Warranty Type <sup>**</sup>	
IB TPO FB 115 Mil		White*		10 Year	15 Year	20 Year	Contractor Warranty Only	
IB TPO FB 135 Mil		White*		10 Year	15 Year	20 Year	Total Systems - No Dollar Limit (TSW)	
*Meets CRRC, Title 24, LEED (SRI)							Warranty Plus (WP)	
							Commercial Limited Material Warranty (CLMW)	
							Residential Limited Material Warranty (RLMW)	

<sup>\*\*</sup>Refer to Warranty Selection Guide for Warranty Riders, Term Length Limitations, and eligibility requirements of the IB Warranty Program

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

**Adhered TPO Membrane (SP) - Existing Roof (MB) - Gypsum Deck (Recover)**



Deck Type	IB TPO Fleeceback Membrane (over Existing Modified Bitumen Roof)	
	Type <sup>1</sup>	Attachment <sup>2,3</sup>
Poured Gypsum	Existing Modified Bitumen Roof	IB Approved Low Rise Membrane Adhesive

<sup>1</sup>Existing Roof: APP or SBS modified bitumen, smooth or granule surfaced roof only.

<sup>2</sup>Approved Low Rise Membrane Adhesive: IB Rapid Set ECO<sub>2</sub> Spray Foam, Millennium PG-1 EF ECO<sub>2</sub> Adhesive.

<sup>3</sup>The use of some IB Approved Low Rise Membrane Adhesives may not achieve UL Classification.

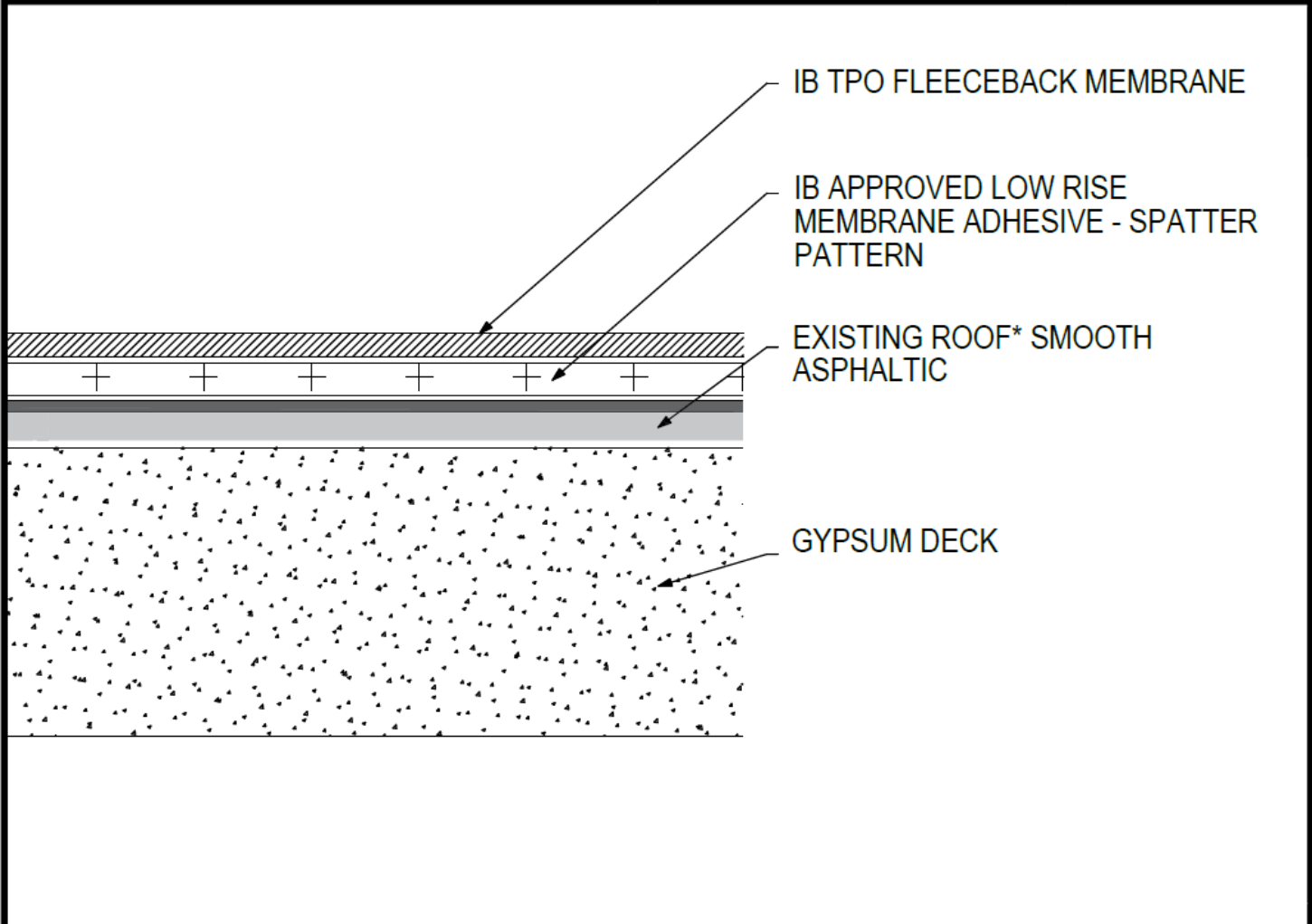
System Uplift Note(s): \*\*Refer to applicable Approval Guide for System Code and/or FM Approvals Information. \*\*\*Refer to Substrate Resistance Table for required pull-out values.

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**	
IB TPO FB 115 Mil	White*			10 Year	15 Year	20 Year	Contractor Warranty Only	
IB TPO FB 135 Mil	White*			10 Year	15 Year	20 Year	Total Systems - No Dollar Limit (TSW)	
*Meets CRRC, Title 24, LEED (SRI)				**Refer to Warranty Selection Guide for Warranty Riders, Term Length Limitations, and eligibility requirements of the IB Warranty Program			Warranty Plus (WP)	
							Commercial Limited Material Warranty (CLMW)	
							Residential Limited Material Warranty (RLMW)	

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

**Adhered TPO Membrane (SP) - Existing Roof (SA) - Gypsum Deck (Recover)**



Deck Type		IB TPO Fleeceback Membrane (over Existing Smooth Asphaltic Roof)							
		Type <sup>1</sup>			Attachment <sup>2,3</sup>				
Poured Gypsum		Existing Smooth Asphaltic Roof			IB Approved Low Rise Membrane Adhesive				
<sup>1</sup> Existing Roof: APP or SBS modified bitumen, smooth or granule surfaced asphaltic built-up roof only. <sup>2</sup> Approved Low Rise Membrane Adhesive: IB Rapid Set ECO <sub>2</sub> Spray Foam, Millennium PG-1 EF ECO <sub>2</sub> Adhesive. <sup>3</sup> The use of some IB Approved Low Rise Membrane Adhesives may not achieve UL Classification. 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**	
IB TPO FB 115 Mil	White*			10 Year	15 Year	20 Year	Contractor Warranty Only		
IB TPO FB 135 Mil	White*			10 Year	15 Year	20 Year	Total Systems - No Dollar Limit (TSW)		
*Meets CRRC, Title 24, LEED (SRI)				**Refer to Warranty Selection Guide for Warranty Riders, Term Length Limitations, and eligibility requirements of the IB Warranty Program				Warranty Plus (WP)	
								Commercial Limited Material Warranty (CLMW)	
								Residential Limited Material Warranty (RLMW)	
Submitted By:		Project Name:							
Company Name:		Address:							
Email/Phone:		City/State:							