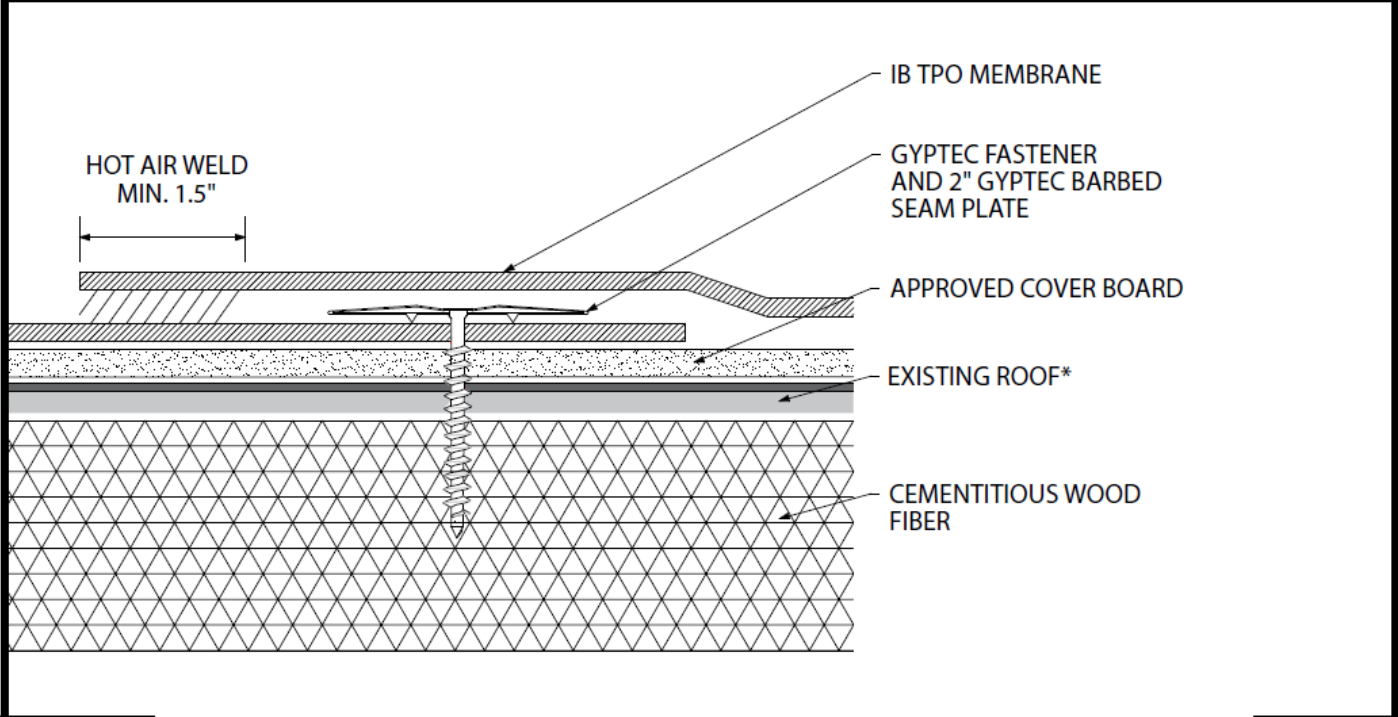


Mechanically Attached TPO Membrane - Cover Board - Existing Roof - Cementitious Wood Fiber (Recover)



Deck Type	Cover Board (over Existing Roof) ¹			IB Membrane Securement*	
	Type ^{2,3}	Attachment	Fastener/Plate	Fastener/Plate**	Attachment***
Cementitious Wood Fiber	Approved Cover Board	1 per 6.4 sq. ft. (5 per 4' x 8')	GypTec or DekLite, 3" Insulation Plate	GypTec or DekLite, 2" Barbed Seam Plate	In-Seam @ 6" oc. x 66" max width
Cementitious Wood Fiber	Approved Cover Board	1 per 6.4 sq. ft. (5 per 4' x 8')	GypTec or DekLite, 3" Insulation Plate	GypTec or DekLite, 2" Barbed Seam Plate	In-Seam @ 6" oc. x 54" max width

¹Existing Roof: APP or SBS modified bitumen, smooth or granule surfaced asphaltic built-up roof, or single-ply membrane (CPA, CSPE, EPDM, PVC, or TPO).

²Approved Cover Board: DensDeck, DensDeck Prime, DensDeck StormX Prime, Securock Ultralight Glass-Mat, Securock Ultralight Coated Glass-Mat, Securock Gypsum Fiber Board, DEXcell Glass-Mat Roof 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.

³The use of some IB Approved Cover Boards 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. *Contact IB Technical Services for maximum sheet width allowed relative to in-seam fastening pattern.

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.

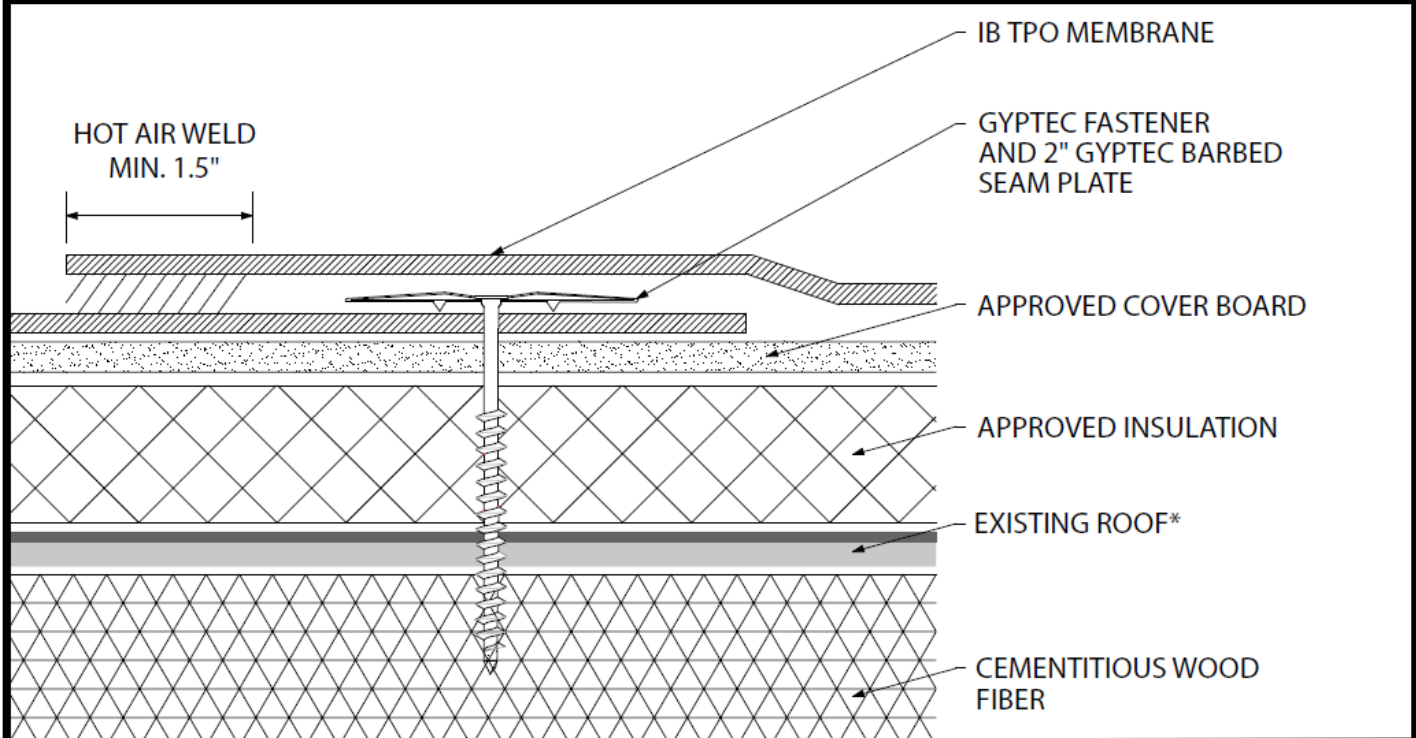
Membranes:	Membrane Color:	Warranty Length**	Warranty Type**
IB TPO SM 60 Mil	White* Gray Tan	10 Year 15 Year 20 Year	Contractor Warranty Only Total Systems - No Dollar Limit (TSW) Warranty Plus (WP) Commercial Limited Material Warranty (CLMW) Residential Limited Material Warranty (RLMW)
IB TPO SM 80 Mil	White* Gray Tan	10 Year 15 Year 20 Year	
IB TPO FB 115 Mil	White*	10 Year 15 Year 20 Year	
IB TPO FB 135 Mil	White*	10 Year 15 Year 20 Year	

*Meets CRRC, Title 24, LEED (SR)

**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:

Mechanically Attached TPO Membrane - Cover Board - Insulation - Existing Roof - Cementitious Wood Fiber (Recover)



Deck Type	Insulation / Cover Board (over Existing Roof) ¹			IB Membrane Securement*	
	Type ^{2,3,4}	Attachment	Fastener/Plate	Fastener/Plate**	Attachment***
Cementitious Wood Fiber	Approved Insulation & Approved Cover Board	1 per 6.4 sq. ft. (5 per 4' x 8')	GypTec or Deklite, 3" Insulation Plate	GypTec or DekLite, 2" Barbed Seam Plate	In-Seam @ 6" oc. x 66" max width
Cementitious Wood Fiber	Approved Insulation & Approved Cover Board	1 per 6.4 sq. ft. (5 per 4' x 8')	GypTec or Deklite, 3" Insulation Plate	GypTec or DekLite, 2" Barbed Seam Plate	In-Seam @ 6" oc. x 54" max width

¹Existing Roof: APP or SBS modified bitumen, smooth or granule surfaced asphaltic built-up roof, or single-ply membrane (CPA, CSPE, EPDM, PVC, or TPO).

²Approved 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.

³Approved Cover Board: DensDeck, DensDeck Prime, DensDeck StormX Prime, Securock Ultralight Glass-Mat, Securock Ultralight Coated Glass-Mat, Securock Gypsum Fiber Board, DEXcell Glass-Mat Roof Board, or DEXcell FA Glass Mat Roof Board, minimum 1/2" 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.

⁴The use of some IB Approved Insulation/Cover Boards or combinations thereof 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. *Contact IB Technical Services for maximum sheet width allowed relative to in-seam fastening pattern.

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 SM 60 Mil	White*	Gray	Tan	10 Year	15 Year	20 Year	Contractor Warranty Only
IB TPO SM 80 Mil	White*	Gray	Tan	10 Year	15 Year	20 Year	Total Systems - No Dollar Limit (TSW)
IB TPO FB 115 Mil	White*			10 Year	15 Year	20 Year	Warranty Plus (WP)
IB TPO FB 135 Mil	White*			10 Year	15 Year	20 Year	Commercial Limited Material Warranty (CLMW) Residential Limited Material Warranty (RLMW)

*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

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