

ESPRODUCTS

PULL TEST REQUEST FORM

FAX BACK TO 904-246-1141 OR EMAIL TO TECHNICAL@ESPRODUCTS.COM

ATTENTION

IN ORDER TO PROVIDE A WRITTEN REPORT 10 - 1' X 1' HOLES MUST BE CUT DOWN TO THE ROOF DECK SURFACE TO PROVIDE SPACE FOR EQUIPMENT AND PULLS TO BE COMPLETED.

JOB NAME: _____
LOCATION: _____
CITY: _____ STATE: _____ ZIP: _____
DATE NEEDED: _____ IDEAL TIME: _____
APPROXIMATE SQUARES: _____
DECK TYPE: _____

Please check **ALL** that apply:

- | | |
|---|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Re-Roof |
| <input type="checkbox"/> Mechanically Attached Single-Ply | <input type="checkbox"/> Modified Bitumen |
| <input type="checkbox"/> Ballasted Single-Ply | <input type="checkbox"/> Built-up Roofing |
| <input type="checkbox"/> Fully Adhered Single-Ply | |
| <input type="checkbox"/> Other | |

FASTENER SPECIFIED: _____
NEW SYSTEM MANUFACTURER: _____
NEW BASE SHEET CHOSEN: _____
ONSITE CONTACT NAME / COMPANY: _____
CELL PHONE NUMBER: _____
ROOFER / COMPANY PROVIDING ACCESS AND REPAIRS: _____
CELL PHONE NUMBER: _____

ES PRODUCTS **CANNOT** PROVIDE ROOF-TOP ACCESS. YOU MUST PROVIDE NECESSARY ROOF ACCESS AND A LICENSED ROOFING CONTRACTOR TO **CUT AND PATCH TEST AREAS**. WE ARE NOT RESPONSIBLE FOR ROOF DAMAGE OR LEAKS. OUR SERVICES ARE FREE EXCEPT FOR NO-SHOWS OR STRUCTURAL CONCRETE. WE STRONGLY RECOMMEND YOU HIRE A ROOF CONSULTANT AND ENGINEER FOR CORE SAMPLING, STRUCTURAL INTEGRITY, CODE REQUIREMENTS, WARRANTY COMPLIANCE, ULTIMATE FASTENER SELECTION AND FASTENER DENSITY.

COMPLETING THIS FORM INDICATES YOU WILL BE RESPONSIBLE FOR ANY ROOF DAMAGES AND REPAIRS AND WILL ABIDE BY THE LIABILITY GUIDELINES ON OUR WEBSITE, [TECHNICAL DATA DOCUMENT #23](#).

REQUESTER & COMPANY: _____
PHONE NUMBER: _____
FAX NUMBER: _____
E-MAIL ADDRESS: _____

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