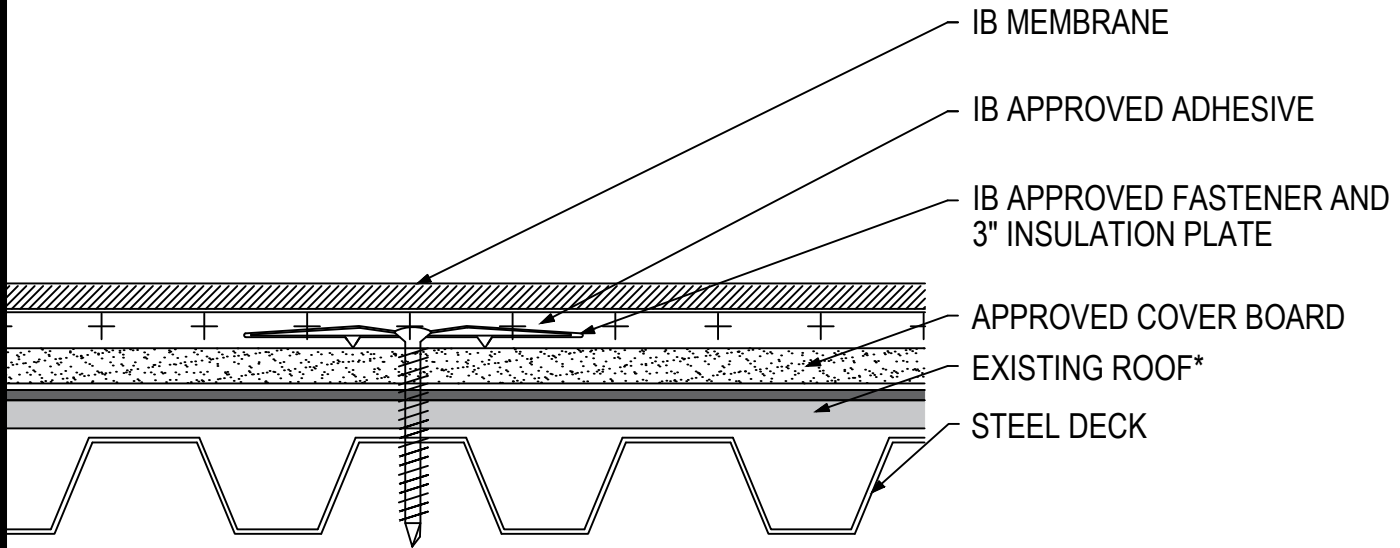


## Fully Adhered Membrane - Cover Board (MA) - Existing Roof - Steel Deck (Recover)



Fire Rating / Max. Slope	Deck Type	Cover Board (over Existing Roof)			IB Membrane Attachment	Max. Design Pressure**
		Type	Attachment	Fasteners		
<input type="checkbox"/> Class 'A' 1":12"	Min. 22 ga. Type B, Grade 33 Steel	Approved 1/2" Cover Board	10 per 4' x 8' (1 per 3.2 sq. ft.)	IB SD #12 or HD #14, IB 3" Insulation Plate	IB Approved Adhesive	Minimum Req. for IB Warranty
<input type="checkbox"/> Class 'A' 1":12"	Min. 22 ga. Type B, Grade 33 Steel	Approved 1/4" Cover Board	12 per 4' x 8' (1 per 2.67 sq. ft.)	IB SD #12 or HD #14, IB 3" Insulation Plate	IB Approved Adhesive	Minimum Req. for IB Warranty
<input type="checkbox"/> Class 'A' 1":12"	Min. 22 ga. Type B, Grade 33 Steel	Approved 1/4" Cover Board	16 per 4' x 8' (1 per 2.0 sq. ft.)	IB SD #12 or HD #14, IB 3" Insulation Plate	IB Approved Adhesive	-45.0 psf (Class 90)
<input type="checkbox"/> Class 'A' 1":12"	Min. 22 ga. Type B, Grade 33 Steel	Approved 1/4" Cover Board	24 per 4' x 8' (1 per 1.3 sq. ft.)	IB SD #12 or HD #14, IB 3" Insulation Plate	IB Approved Adhesive	-75.0 psf (Class 150)

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

**Approved Cover Board:** DensDeck Prime, Securock Gypsum Fiber Board, minimum 1/4" thickness; or minimum 1/2" IB HD ISO; or minimum 1/2" thick Structodek HD Primed

**Fire Classification Note(s):** <sup>1</sup>UL Class A up to 1":12" limited to insulated or non-insulated cap sheet, smooth or gravel surfaced Built-Up Roof System) or PVC roof system, covered with any of the following gypsum cover boards: minimum 1/4" DensDeck Prime, Securock Ultralight Coated Glass-Mat, or DexCell FA Glass Mat Roof Board, or minimum 7/16" DexCell Cement Board. <sup>2</sup>Maintains existing Classification for any Class A, B or C, coated or uncoated, insulated, or un-insulated, smooth surfaced, Type G3 mineral surfaced cap sheet or mineral surfaced modified bitumen membrane BUR system when utilized with minimum 1/4" Securock Gypsum Fiber Board. <sup>3</sup>The use of other IB Approved Cover Boards may not retain UL Classification. <sup>4</sup>Recover over modified bitumen or single-ply roof may not retain fire classification.

\*\* 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 us at 800-426-1626.

Membranes:	Membrane Color:	Warranty Length***	Warranty Type***
<input type="checkbox"/> IB PVC Single-Ply 50 Mil	<input type="checkbox"/> White* <input type="checkbox"/> Gray <input type="checkbox"/> Tan <input type="checkbox"/> Bronze <input type="checkbox"/> ChemGuard*	<input type="checkbox"/> 10 Year <input type="checkbox"/> 15 Year <input type="checkbox"/> 20 Year	<input type="checkbox"/> Total System - No Dollar Limit (NDL)
<input type="checkbox"/> IB PVC Single-Ply 60 Mil	<input type="checkbox"/> White* <input type="checkbox"/> Cool Sand* <input type="checkbox"/> Cool Stone* <input type="checkbox"/> Gray <input type="checkbox"/> Tan	<input type="checkbox"/> 15 Year <input type="checkbox"/> 20 Year <input type="checkbox"/> 25 Year	<input type="checkbox"/> Warranty Plus (WP)
<input type="checkbox"/> IB PVC Single-Ply 80 Mil	<input type="checkbox"/> White* <input type="checkbox"/> Gray <input type="checkbox"/> Tan <input type="checkbox"/> Bronze <input type="checkbox"/> ChemGuard*	<input type="checkbox"/> 15 Year <input type="checkbox"/> 20 Year <input type="checkbox"/> 25 Year	<input type="checkbox"/> Commercial Limited Material Warranty (CLMW)
			<input type="checkbox"/> Residential Limited Material Warranty (RLMW)

\* Meets CRRC, Title-24, & EnergyStar Standards

\*\*\* Refer to Warranty Selection Guide for Warranty Riders, Term Length Limitations, and eligibility requirements of the Warranty Program

**Submitted By:**  
**Address:**  
**Email:**

**Project Name:**  
**Address:**