



**Request for BlueScope Steel Warranty :
 ZINCALUME ® steel / CLEAN COLORBOND ™ steel**

Date : _____ Your Warranty Ref. number : _____
 Name of Roll Former : _____
 Address of Roll Former : _____
 Name of Roofing Contractor : _____
 Address of Roofing Contractor : _____
 Warranty to be issued to : _____
 (Name & Address) _____

PROJECT DETAILS :

Owner's Building Name : _____
 Owner's Building Address : _____
 Type of Building : House Warehouse Factory Others _____
 Describe activities being carried out within building : _____ [Mandatory to state]
 Date of Installation (Effective) : _____ Warranty Period: _____ years
 Has materials & location been inspected? (Yes / No) : _____ Pitch of Roof : _____
 ZINCALUME ® steel Others : _____
 Material Used Clean COLORBOND ™ XRW Colour : _____
 Clean COLORBOND ™ Ultra Colour : _____
 Area of Roof/ Wall (Please Indicate) (1) _____ m² R / W (2) _____ m² R / W
 Rollformed Product Used (Profile Name) : (1) _____ (2) _____
 Thickness - Total Coating Thickness (1) _____ mm (TCT) (2) _____ mm (TCT)
 Type of Screw Fixings Used : _____ Fastener Type AS3566 : Class 3 Class 4
 State whether the project has a ceiling, insulation vapour barrier or nothing under the roof : _____

FLASHING MATERIALS USED :

CAPPING MATERIAL USED :

ZINCALUME ® steel Others : _____
 Clean COLORBOND ™ XRW Colour : _____
 Clean COLORBOND ™ Ultra Colour : _____
 Fastener Type : Class 3 Class 4
 Are eaves exposed : _____

ZINCALUME ® steel Others : _____
 Clean COLORBOND ™ XRW Colour : _____
 Clean COLORBOND ™ Ultra Colour : _____
 Number / m² : _____

SURROUNDING ENVIRONMENTS :

Temperature Range : _____ °C to _____ °C Annual Rainfall : _____
**** Project is located _____ km from salt marine influence or severe industrial influence.**
 If < 5 km from salt marine influence, state if : Calm Surf Rough
 Give full details of any other aggressive or unusual factors considered to influence warranty and state distance away in km : _____
 Observed performance of similar products and application in the area : _____
 Raised by , _____ Acknowledged by BSM, _____
 Name : _____ Name : _____
 Company : _____ Date : _____
 Contact : _____