



Engineering Form Questionnaire: Shelf Angle Support

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Please complete the form below and send to engineering@halfenusa.com or your local sales or technical representative.
Please visit www.halfenusa.com to find sales or technical representative responsible for your State.
Please provide any additional information in the comments section pertinent to the design of the handrails not addressed in this form as well as any architectural and structural drawings, connection details, etc.

Project Information (Note: *mandatory information)

*Project Name: _____ *City, State, ZIP: _____
*Project Address: _____
Building type: _____

Contact Information (Note: *mandatory information)

*Company: _____ *Phone: _____
*Contact Person: _____ *Business type: _____
Email: _____

Comments:

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applies also to copying in extracts.

PDF 02/16

F-217 - USA - 02/16

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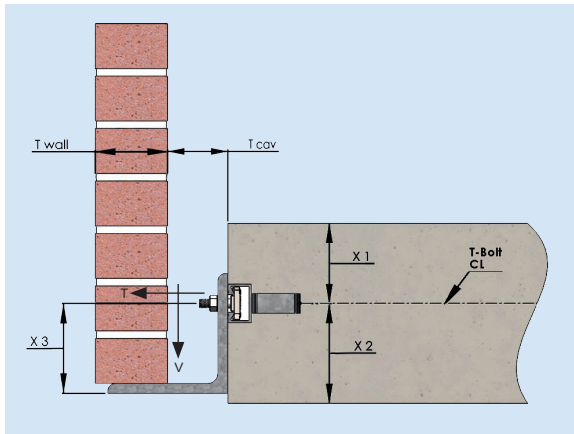
NOTES

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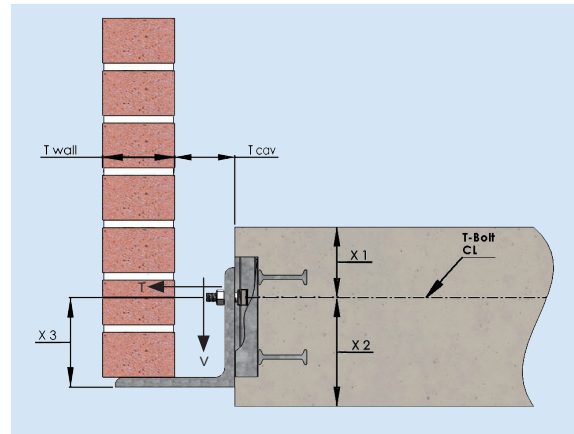
Engineering Form
Questionnaire: Shelf Angle Support

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Anchoring Condition (please choose the required support condition):



Condition "A" Horizontal Anchor Channel



Condition "B" Vertical Toothed Anchor Channel

Required Input:

Note: all required input corresponds to both support conditions unless noted with (*) which corresponds to Condition "B" only.

Concrete Strength, (f'_c): _____ [psi]

Concrete Weight: *Normal Weight* *Light Weight*

Post-Tension Slab: Yes No

Top Edge Distance (x_1): _____ [in]

Bottom Edge Distance (x_2): _____ [in]

Distance from T-bolt CL to Bottom of Angle (x_3): _____ in

T-bolt Spacing (*Horizontal*): _____ [in]

Shim Thickness: _____ in n/a

Vertical Adjustability/Slot Length \pm : _____ [in]

Angle Dimensions (*Vertical leg first*) : _____ [in] x _____ [in] x _____ [in]

Wall Thickness (t_{wall}): _____ [in]

Cavity Thickness (t_{cav}): _____ [in]

Wall Height (between supports): _____ [ft]

Channel Length: intermittent continuous

Design Loads:

Note: all loads will be factored using ASD unless otherwise noted.

Loads Factored: yes no

Load Combination: LRFD ASD n/a

T: _____ kip

V: _____ kip

If reactions have not been calculated the following information is required:

Weight of Wall: _____ [psf]

Misc. Weight (i.e. insulation, wall attachments, etc.): _____ [lbf/ft]

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