

SHEARWALL REPAIR REQUEST

Please Fax to: Riverside, CA (951) 369-5796 or Stockton, CA (209) 234-2623 or McKinney, TX (972) 542-4139 or Columbus, OH (614) 876-0636

Date: _____
 Form filled out by: _____
 SST Repair Engineer: _____
 Repair info sent to customer (date): _____
 Project name: _____
 Address, Lot or Tract No.: _____

 City / State: _____
 Information rec'd. from: _____
 Position: _____
 Company: _____
 Address: _____
 City / State: _____
 Phone No.: _____
 Fax No.: _____

Current Location of Wall & State of Construction:

- _____ At job site (not installed)
- _____ At Contractor's or other facility
- _____ Installed
- _____ Exterior sheathing / lath installed
- _____ Interior wall finish installed
- _____ Nailed to header (Garage Portal only)
- _____ Straps attached (Garage Portal only)

**Description of Problem:
(Show size and location on sketch)**

- _____ Hole(s) in wall members
- _____ Hole(s) in sheathing
- _____ Height adjustment needed (shims)
- _____ Omitted or mis-placed holdown bolts
- _____ Omitted or mis-placed sill bolts
- _____ Concrete spalling
- _____ Other (describe)

Additional Description & Comments:

Shearwall Requiring Repair:

Model Number: _____
 Steel SSW: _____
 Wood SW: _____
 If Wood SW circle one:
 Standard / Raised Floor / Garage Portal
 Project Design Load (lbs.): _____
 Quantity: _____
 Engineer of Record: _____
 Company: _____
 Address: _____
 City / State: _____
 Phone No.: _____
 Fax No.: _____

**Sketch – Show all problems
(Provide one sketch for each wall needing repair)**