MOMENT FRAME DESIGN CRITERIA WORKSHEET

www.MomentFrame.com

DATE: mm / dd / yyyy

PACO STEEL & ENGINEERING

PROJECT INFORMATION

Project Name and Location: _____

_____

Contact Person: _____

Company Name: _____

Adress/Phone Number/Fax No. _____

_____

Email Address: _____

Please Check: ☐ New Construction ☐ Retrofit

Notes:

a. Please complete one sheet per application.

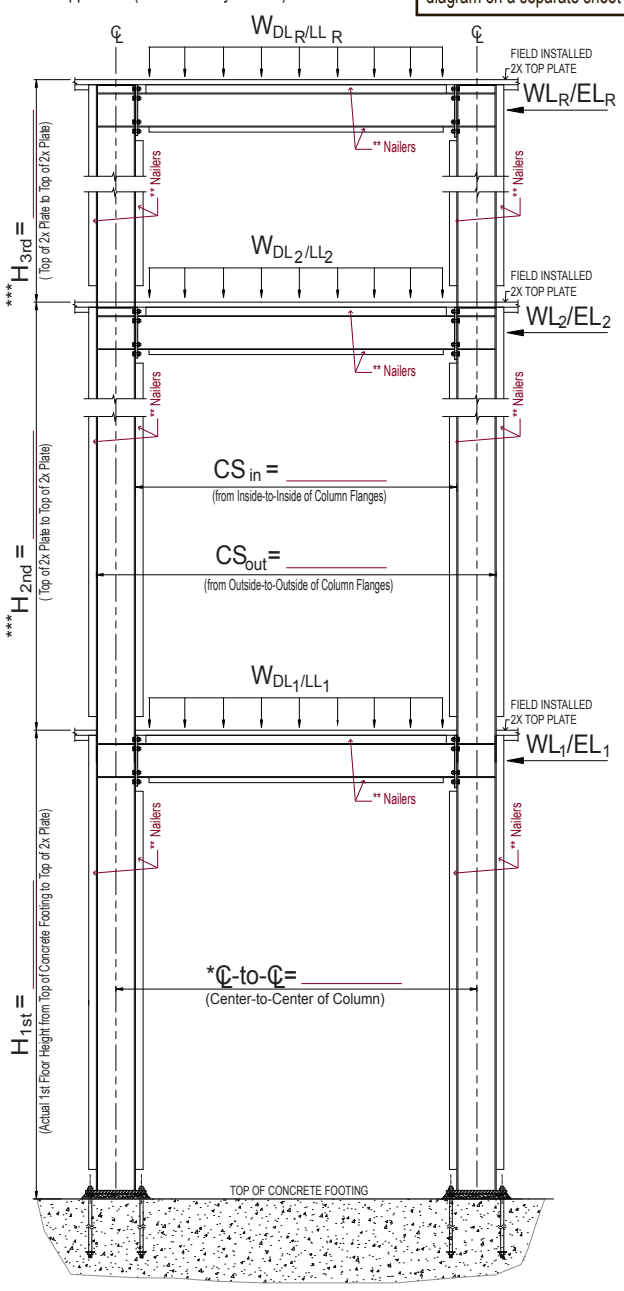
b. Specify the total quantity of identical frames. **TOTAL:** _____

*Optional dimension

**Please specify nailer size as required

***As applicable (for multi-story frames)

Note: In the case of special loading, please draw loading diagram on a separate sheet



FRAME GEOMETRY

1. **Please specify** per Architectural Limitations (inches)

Max. Column Depth = _____ Flange Width = _____

Max. Beam Depth = _____ Flange Width = _____

2. **Frame Height and Span (feet)** See Elevation

MOMENT FRAME DESIGN CRITERIA

3. Required Design Code :

4. Response Modification Coefficient :
☐ R = 8.0 ☐ R = 3.5
☐ R = 6.5 ☐ R = 3.0
☐ R = 4.5 ☐ R = _____

8. S_{DS} =

9. Deflection Amplification Factor:
☐ C_d = 5.5 ☐ C_d = 3.0
☐ C_d = 4.0 ☐ C_d = _____

10. Importance Factor, I_e =

5. Seismic Drift Limit :
☐ Δ_a = 0.015 h_x ☐ Δ_a = 0.020 h_x
☐ Δ_a = 0.025 h_x ☐ Δ_a = _____ h_x

6. Ω_0 = Specify type of diaphragm : Flexible ☐ Rigid ☐

7. ρ = Is ρ included in item 12 ? Yes ☐ No ☐

MOMENT FRAME LOADING

11. **WL_1,WL_2,WL_{ROOF}** = Wind Lateral Load (Kip) ASCE 7-16

*Please check: ☐ ASD Level ☐ Strength Level (LRFD)

Provide this value if 2nd level exist

WL_R =
WL_2 =
WL_1 =

12. **EL_1,EL_2,EL_{ROOF}** = Seismic Lateral Load (Kip) ASCE 7-16

*Please check: ☐ ASD Level ☐ Strength Level (LRFD)

Provide this value if 2nd level exist

EL_R =
EL_2 =
EL_1 =

13. **W_1, W_2, W_{ROOF}** = Gravity Load (Plf) ASD Level

Provide this value if 2nd level exist

W_{DL_R} = W_{LL_R} =
W_{DL_2} = W_{LL_2} =
W_{DL_1} = W_{LL_1} =

14. **SL** = Snow Load (Plf) - *If applicable* SL =

15. **Base Condition:** Fixed ☐ Hinged ☐

16. **Could top & bottom flanges of the beam be braced?** Yes ☐ No ☐

Other Requirements/Comments :

FAX WORKSHEET to (310) 608-1112 or EMAIL to sales@pacosteel.com