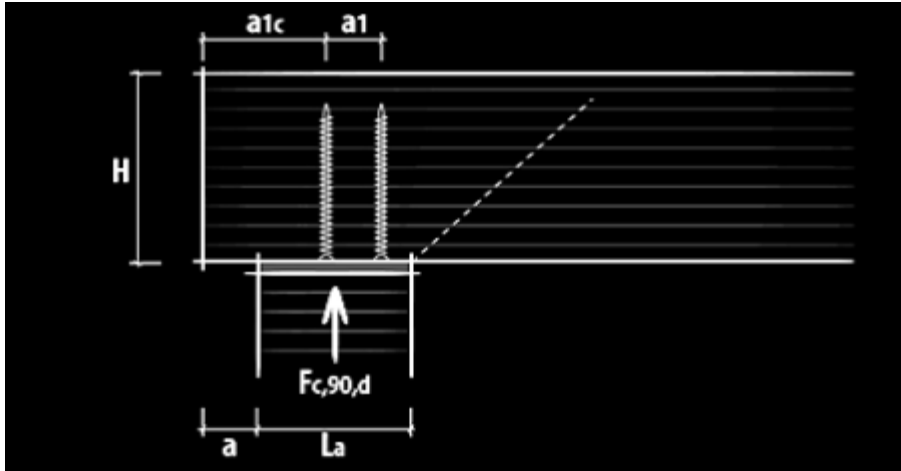


**CONSULTING SERVICE REQUEST:  
REINFORCEMENT TO COMPRESSION PERPENDICULAR TO THE SUPPORT**

Applicant :	Surname/Name:	
	e-mail	
	Tel. / Fax	
Construction site Ref:		
Date:		
Salesman reference		

		Value	Unit of measurement
TIMBER BEAM	WIDTH		[mm]
	HIGH		[mm]
	TIMBER TYPE		
SUPPORT		<input type="checkbox"/> END SUPPORT	<input type="checkbox"/> MIDDLE SUPPORT
LENGTH OF THE SUPPORT	La		[mm]
WIDTH OF THE SUPPORT	B		[mm]
EXTRA LENGTH SUPPORT	a		[mm]
DEAD LOAD	G <sub>k</sub>		[kN]
LIVE LOAD	Q <sub>k</sub>		[kN]
SNOW LOAD	S <sub>k</sub>		[kN]
WIND LOAD	W <sub>k</sub>		[kN]
DESIGN VALUE OF THE LOAD	V <sub>d</sub>		[kN]
DRAWING			

**STRENGTHENING SCHEME**



**Rotho Blaas Srl**  
*Technical Department*