

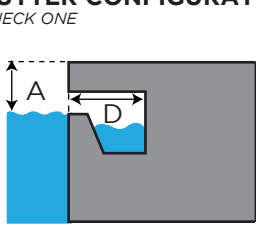
Order No: _____

Deck Profile Sheet **POOL LIFT**

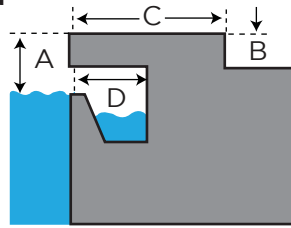
*Deck profile sheet must accompany your pool lift order

- 1 - PREFERRED LIFT** PAL PAL2 Splash! Splash! 300 aXs2 multiLift multiLift2 ML300
CHECK ONE

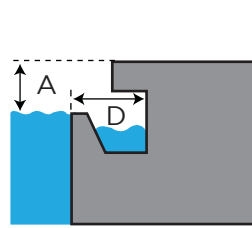
2 - GUTTER CONFIGURATION
CHECK ONE



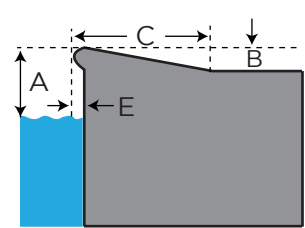
Fully recessed gutter



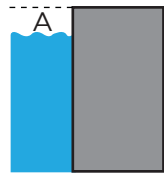
Fully recessed gutter with parapet



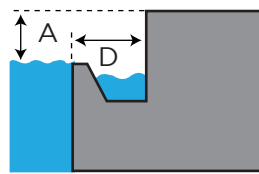
Partially recessed gutter with or without bullnose coping



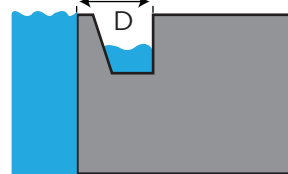
Bullnose coping



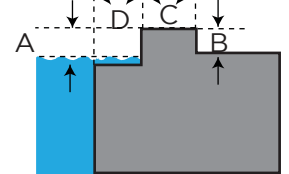
Standard backyard pool



Rollout gutter with or without bullnose coping



Flush gutter and deck with or without bullnose



Florida Rollout with curb

If none of the images above match your gutter configuration, please draw the shape on a separate piece of paper and attach.

- 3 - FACILITY TYPE** Health Club Hospitality Public Pool Residential Commercial
CHECK ONE

- 4 - DECK** New Construction Pre-existing deck Replacing pre-existing lift- serial # _____
CHECK ONE

- 5 - DECK MATERIAL** Concrete Pavers
CHECK ONE

- 6 - DISTANCE FROM POOL DECK TO WATER LINE (A)** _____
7 - HEIGHT OF COPING (B) _____
8 - WIDTH OF COPING (C) _____
9 - WIDTH OF GUTTER (D) _____
10 - BULL NOSE RADIUS (E) _____
11 - DECORATIVE STONE SETBACK _____
12 - LOCATION OF POOL GROUND LEVEL STORY LEVEL _____

POOL

Check this box to confirm that you have verified the location of the lift will meet the ADA Clear Deck Space Requirement (1009.2.3):
 "On the side of the seat opposite the water, a clear deck space shall be provided parallel with the seat. The space shall be 36" wide minimum and shall extend forward 48" minimum from a line located 12" behind the rear edge of the seat."

NOTE: Pool lifts are application specific. Please provide accurate measurements for your pool in the space provided. S.R.Smith will confirm that the lift selected will meet the location and installation requirements based on the ADA Design Standards (2010) or suggest an alternative lift that will meet the requirements. S.R.Smith bears no responsibility due to misapplication of a lift without a completed Deck Profile Sheet on record.

Name of distributor lift will be purchased from	City	State
Your name	Email	Phone
Project name or property	City, State	PO Number

RETURN COMPLETED AND SIGNED FORM TO S.R.SMITH
 f: 503.266.4334 or e: customercare@srsmith.com

S.R.SMITH USE ONLY

<input type="checkbox"/> AXS2	<input type="checkbox"/> MULTILIFT2	<input type="checkbox"/> PAL HI/LO	<input type="checkbox"/> SPLASH	<input type="checkbox"/> SPLASH ER HI/LO	<input type="checkbox"/> SPLASH 300
<input type="checkbox"/> AXS2 ROUND POST	<input type="checkbox"/> ML300	<input type="checkbox"/> PAL SPA	<input type="checkbox"/> SPLASH HI/LO	<input type="checkbox"/> SPLASH ROUND POST	<input type="checkbox"/> SPLASH 300 HI/LO
<input type="checkbox"/> MULTILIFT	<input type="checkbox"/> PAL	<input type="checkbox"/> PAL2	<input type="checkbox"/> SPLASH ER	<input type="checkbox"/> SPLASH SPA	APPROVAL # _____

