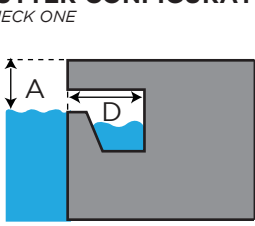


# Deck Profile Sheet **POOL LIFT**

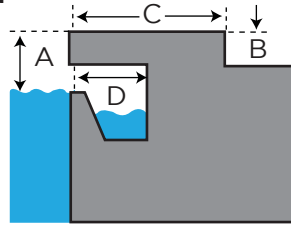
\*Deck profile sheet must accompany your pool lift order

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

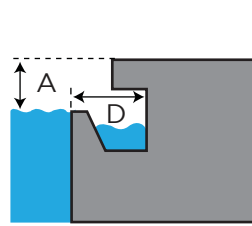
**2 - GUTTER CONFIGURATION**  
*CHECK ONE*



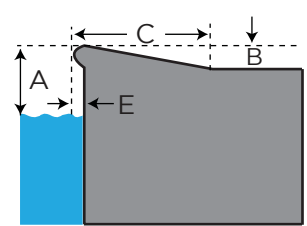
Fully recessed gutter



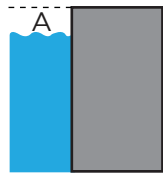
Fully recessed gutter with parapet



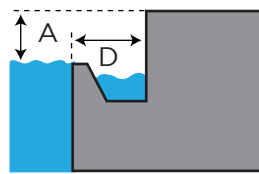
Partially recessed gutter with or without bullnose coping



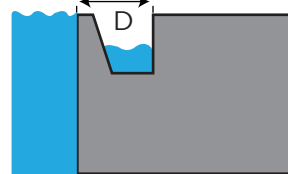
Bullnose coping



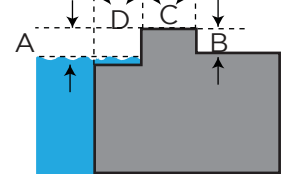
Standard backyard pool



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 confrm 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 Prole 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	<b>APPROVAL #</b> _____

