



POOL LIFT DECK PROFILE SHEET

Submit deck profile sheet with your pool lift order

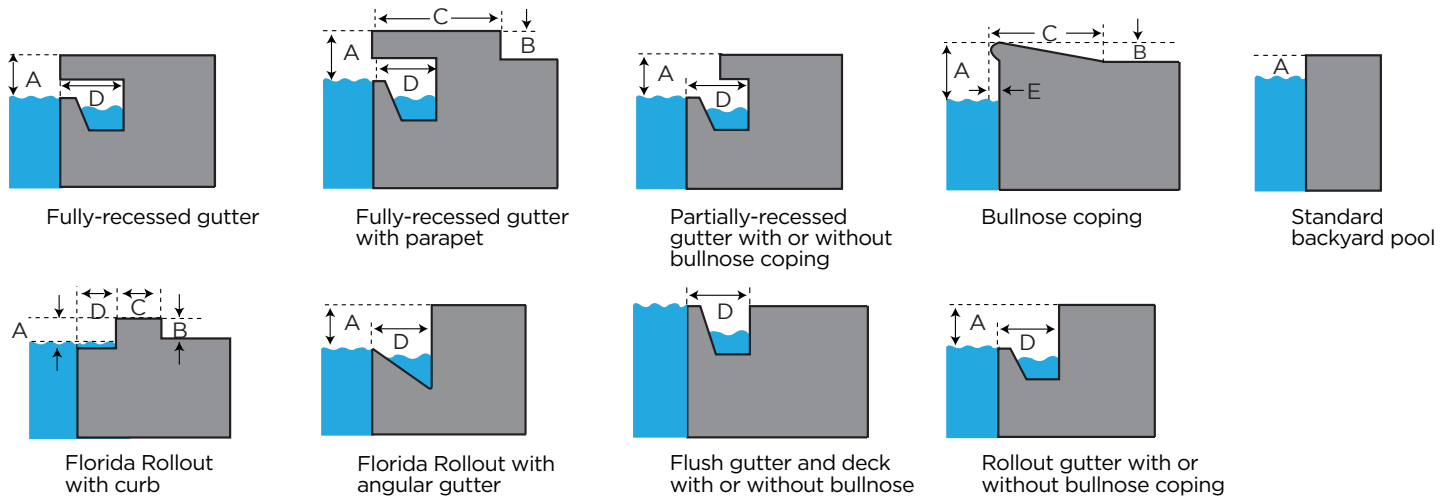
CONTACT INFORMATION

DISTRIBUTOR NAME	CITY	STATE
YOUR NAME	EMAIL	PHONE
PROJECT NAME OR PROPERTY	CITY	STATE PO NUMBER

PREFERRED LIFT

PAL2 SPLASH! SPLASH! 300 AXS2 MULTILIFT2

GUTTER CONFIGURATION



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

FACILITY TYPE

Health Club Hospitality Public Pool Residential Commercial

DECK

New Construction Pre-Existing Deck Replacing pre-existing lift: Serial# _____

DECK MATERIAL

Concrete Pavers

LOCATION OF POOL

Ground Level Story Level _____

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."

POOL MEASUREMENTS

A _____ Distance from pool deck to water line
B _____ Height of coping
C _____ Width of coping
D _____ Width of gutter
E _____ Bullnose radius
_____ Decorative stone setback

NOTE: Pool lifts are application specific and each application must comply with the location and installation requirements set forth in the ADA Standards for Accessible Design (2010). It shall be Customer's responsibility to provide accurate measurements for the specific pool deck and application. Based on measurements provided by Customer on this Deck Profile Sheet, S.R.Smith will collaborate with Customer to determine if the chosen lift is appropriate, or suggest an alternative lift. S.R.Smith bears no responsibility due to Customer's inaccurate or incomplete information submitted on a Deck Profile Sheet or due to misapplication of a lift without a completed Deck Profile Sheet on record with S.R.Smith.

S.R.SMITH USE ONLY

AXS2	PAL2 HI/LO	SPLASH HI/LO	SPLASH ROUND POST	SPLASH 300 HI/LO
AXS2 ROUND POST	PAL2	SPLASH ER	SPLASH SPA	
MULTILIFT2	SPLASH	SPLASH ER HI/LO	SPLASH 300	APPROVAL# _____

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RETURN COMPLETED AND SIGNED FORM TO S.R.SMITH:
cs.san@fluidra.com