

SRSmith. deck profile sheet SPA LIFT

*Deck profile sheet must accompany your spa lift order

1. Preferred Lift:	PAL	PAL2	Splash!	Splash! 300	aXs2	multiLift	ML300
2. Spa Shape	F G	OVAL	tter configura	COPING DECK SQUARE ation, please draw ti	Above Gro	G G G	OTHER*
3. Facility Type (ch	eck one):	Hea	.lth Club	Hospitality	Public Pool	Residen	itial Commercial
4. Deck (check on			/ Constructi			00.00.	
5. Deck Material (c			crete	Pavers	- 0		
 6. Distance from s 7. Height of curb (E 8. Width of curb (C 9. Width of spa floot 10. Depth of seat (F 11. Width of seat (F 12. Spa seat to floot 13. Decorative sto 14. Spa location: 	.3): br (D): E): 		e (A): tory Level :	#		you have ve of the lift will Clear Deck Requiremer "On the side of t clear deck space s the seat. The space and shall extend for	poox to confirm that erified the location meet the ADA Space nt (1009.2.3): he seat opposite the water, a shall be provided parallel with the shall be 36" wide minimum rward 48" minimum from a line 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.							
Fax this completed form to 503.266.4334, email to lifts@srsmith.com, or complete the form online at www.srsmith.com/liftprofile. Call toll free 800.824.4387							
Name of Distributor Lift	Will Be Purchase	d From		City		State	
Your Name				Email		Phone	
Property or Project Name				City, State		PO Number	
S.R.Smith Use Only APPROVAL# OPAL OPAL HI/LO OPAL SPA OPAL2 OSPLASH OSPLASH HI/LO OSPLASH ER OSPLASH ER HI/LO OSPLASH SPA OSPLASH 300 OMULTILIFT OSPLASH 300 HI/LO OSPLASH W/ROUND POST OAXS2 OAXS2 W/ROUND POST OML300							