

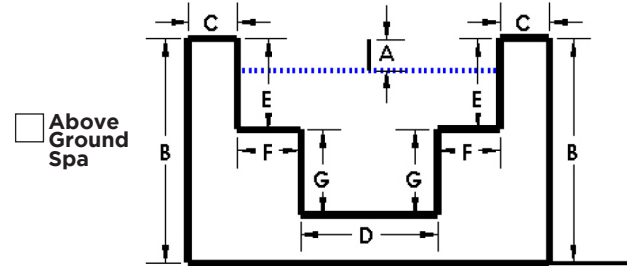
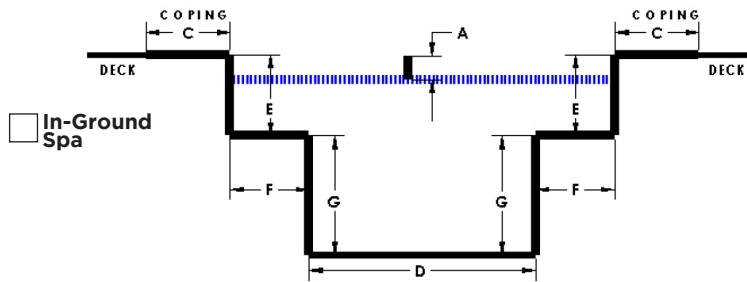
# Deck Profile Sheet **SPA LIFT**

\*Deck profile sheet must accompany your pool lift order

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

**2 - TYPE OF SPA**

CHECK ONE



**3 - SPA SHAPE**



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

**4 - FACILITY TYPE**  Health Club  Hospitality  Public Pool  Residential  Commercial

CHECK ONE

**5 - DECK**  New Construction  Pre-existing deck  Replacing pre-existing lift- serial # \_\_\_\_\_

CHECK ONE

**6 - DECK MATERIAL**  Concrete  Pavers

CHECK ONE

**7 - DISTANCE FROM SPA DECK TO WATER LINE (A)** \_\_\_\_\_

**8 - HEIGHT OF CURB OR COPING (B)** \_\_\_\_\_

**9 - WIDTH OF CURB OR COPING (C)** \_\_\_\_\_

**10 - WIDTH OF SPA FLOOR (D)** \_\_\_\_\_

**11 - DEPTH OF SEAT (E)** \_\_\_\_\_

**12 - WIDTH OF SEAT (F)** \_\_\_\_\_

**13 - SPA SEAT TO FLOOR (G)** \_\_\_\_\_

**14 - DECORATIVE STONE SETBACK** \_\_\_\_\_

SPA

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.”

**15 - SPA LOCATION**  GROUND FLOOR  STORY LEVEL \_\_\_\_\_

**NOTE:** Pool lifts are application spec. 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**

AXS2    
  MULTILIFT2    
  PAL HI/LO    
  SPLASH    
  SPLASH ER HI/LO    
  SPLASH 300  
 AXS2 ROUND POST    
  ML300    
  PAL SPA    
  SPLASH HI/LO    
  SPLASH ROUND POST    
  SPLASH 300 HI/LO  
 MULTILIFT    
  PAL    
  PAL2    
  SPLASH ER    
  SPLASH SPA

**APPROVAL #** \_\_\_\_\_

