

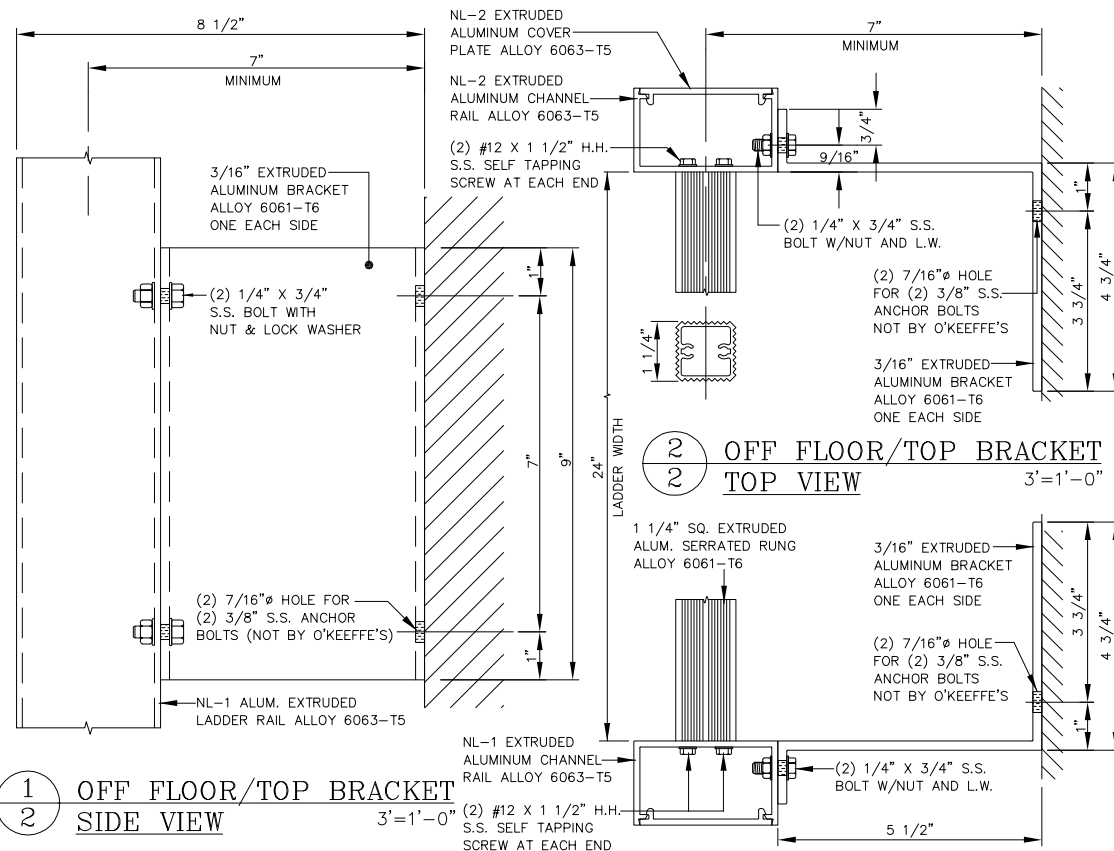
CONTRACTOR TO VERIFY:

- (A) _____ OVERALL LADDER HEIGHT
- (B) _____ F.F. TO TOP OF DECKING
- (C) _____ ROOF HATCH BASE HEIGHT
- (D) _____ WALL TO ? OF LADDER
- (E) _____ LADDER WIDTH

APPROVED BY: _____

DATE _____

PLEASE SIGN



O'KEEFFE'S, INC.
 100 N. HILL DR. SUITE 12 TEL: (415) 824-4900
 BRISBANE, CA 94005-1010 FAX: (415) 824-5900

STANDARD DUTY CHANNEL RAIL FIXED ACCESS ALUMINUM LADDER MODEL 500

_____ QUANTITY

☐ SAFETY POST

☐ INTERMEDIATE BRACKET

☐ ALTERNATE BOTTOM SUPPORT

☐ MILL FINISH

☐ POWDER COATING

☐ BRONZE ANODIZED

☐ CLEAR ANODIZED

SALE NO.

DRAWN :

DATE :

SHEET : _____ OF _____