



CONTRACTOR TO VERIFY:

(A1) _____ OVERALL LADDER HEIGHT

(A2) _____ F.F. TO TOP OF PARAPET

(B) _____ LADDER WIDTH

(C) _____ PLATFORM LENGTH

(D) _____ WALL TO ϕ OF LADDER

APPROVED BY: _____

DATE _____

PLEASE SIGN



O'KEEFFE'S, INC.

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**TUBULAR RAIL LOW PARAPET ACCESS LADDER
 ALUMINUM LADDER WITH PLATFORM MODEL 503A**

_____ QUANTITY	<input type="checkbox"/> ALTERNATE BOTTOM SUPPORT
<input type="checkbox"/> SECURITY DOOR	<input type="checkbox"/> MILL FINISH <input type="checkbox"/> BRONZE ANODIZED
<input type="checkbox"/> INTERMEDIATE BRACKET	<input type="checkbox"/> POWDER COATING <input type="checkbox"/> CLEAR ANODIZED

SALE NO.

DRAWN :

DATE :

SHEET : _____ OF _____