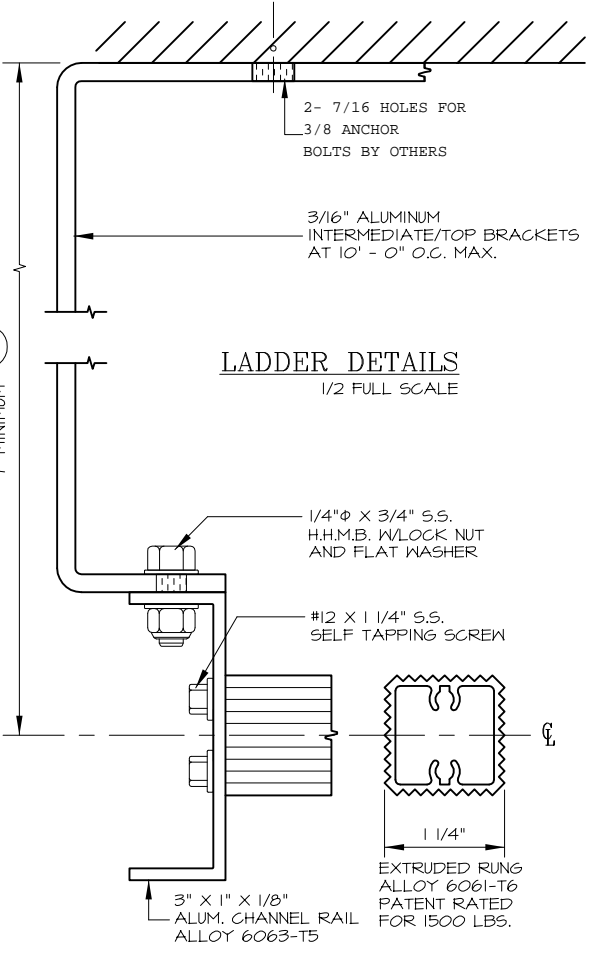
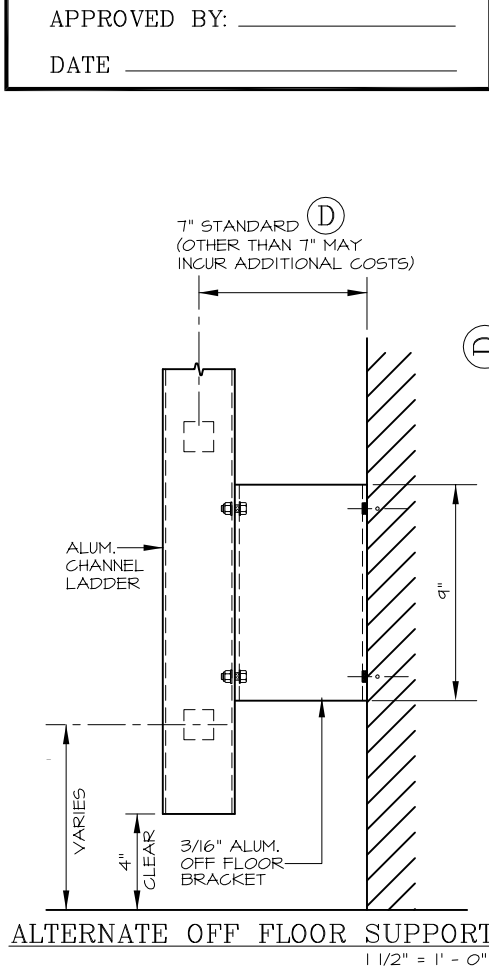
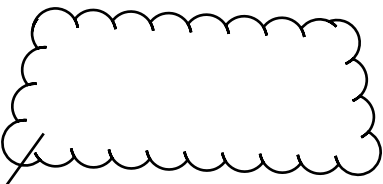


CONTRACTOR TO VERIFY:

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

APPROVED BY: _____
 DATE _____



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 100 N HILL DR, STE 12
 BRISBANE, CA 94005
 TEL: (888) 653-3333
 FAX: (888) 653-4444 www.okeeffes.com

STANDARD DUTY CHANNEL RAIL FIXED ACCESS ALUMINUM LADDER MODEL 500		
_____ QUANTITY	<input type="checkbox"/> ALTERNATE BOTTOM SUPPORT	
<input type="checkbox"/> SAFETY POST	<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 _____