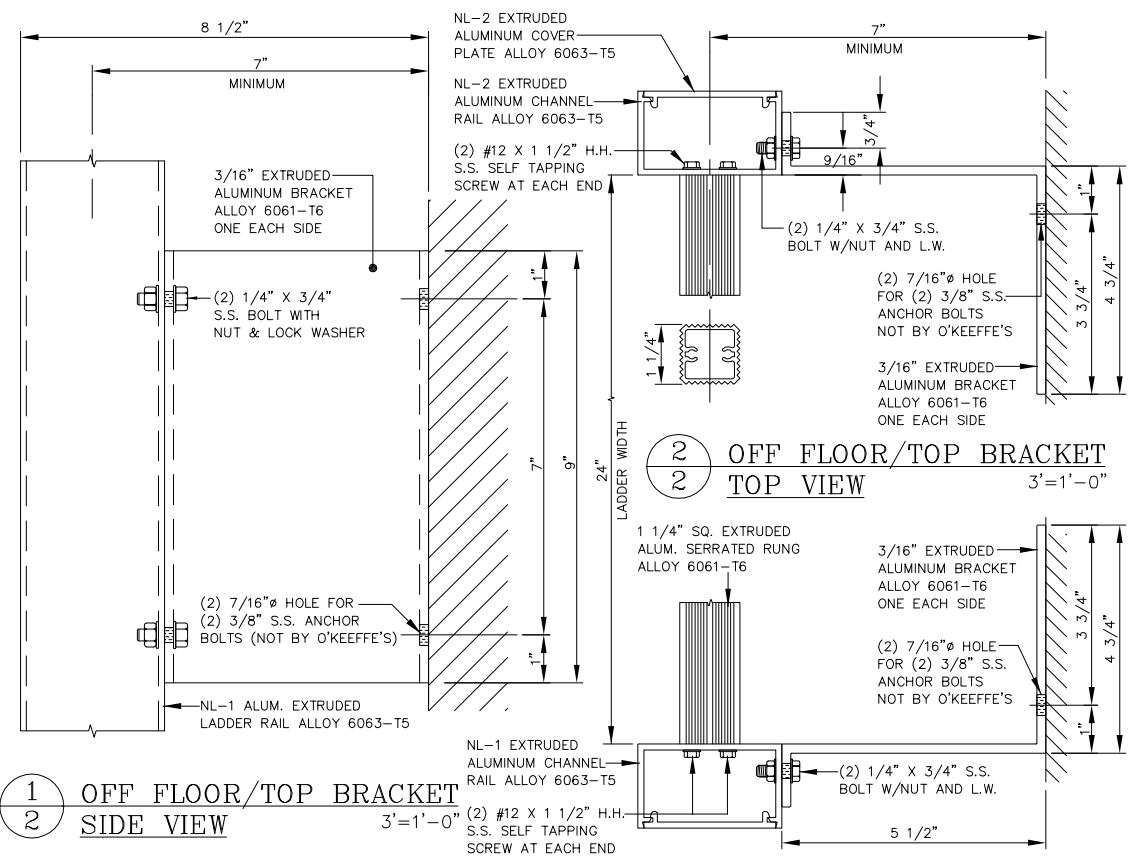
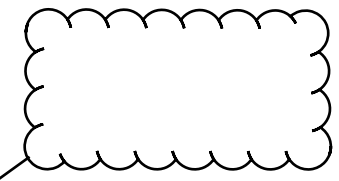


CONTRACTOR TO VERIFY:

(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 _____



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	<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 _____