

POOL AND SPA DIMENSIONAL WORKSHEET

PLEASE COMPLETE A SEPARATE DIMENSIONAL WORKSHEET FOR EACH LIFT /LOCATION.

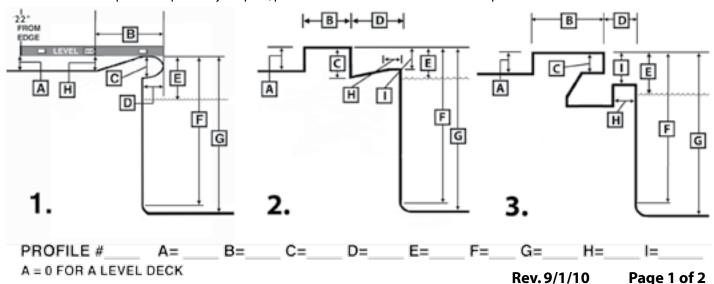
We need these details and dimensions in order to build a lift that fits correctly while remaining compact and lightweight. Remember to allow open space between the lift and the pool corner or other obstruction to the lift's rotation (a minimum of 36" needed for all IGAT models), as well as room for any mobility device beside the lift. Always confirm lift and socket location with Aquatic Access engineers or instruction manual before installing.

I. DIMENSIONAL INFORMATION REQUIRED FOR ALL INSTALLATIONS

| DRAW IN DESIRED LOCATION AND SEAT ROTATION OF LIFT ON THIS DRAWING. | | | | | | | | |
|---|---------------------------|--|--|--|--|--|--|--|
| INDICATE THE LOCATION OF ANY STEPS, LIGHTS, LADDERS, BENCHES, HANDRAILS OR OTHER OBSTRUCTIONS TO LIFT ROTATION ON DECK OR | WATER S S | | | | | | | |
| WITHIN POOL WALLS. | | | | | | | | |
| 1. Varify with a carpontar's level (see illustration below) the amount of deck's clone at 22" from p | aal adaa | | | | | | | |
| Verify with a carpenter's level (see illustration below) the amount of deck's slope at 22" from personal street is the composition of the deck around the pool? | • | | | | | | | |
| 3 . What is the composition of the pool wall? Is there a vinyl liner in the pool? | YES NO | | | | | | | |
| 4. Is the pool deck on a solid foundation? YES \(\Boxed{\square} \) NO \(\Boxed{\square} \) If no, provide cross-section of | letails on separate page. | | | | | | | |
| 5. Does the pool have a pool cover? YES \(\Boxed{\square} \) NO \(\Boxed{\square} \) If yes, provide cross section (| details on separate page. | | | | | | | |
| 6. Is the pool located indoors? YES \square NO \square If yes, how high is the ceiling | g? | | | | | | | |
| 7. Is the location on city water? YES \square NO \square What is the water pressure? | PSI | | | | | | | |
| 8. Is the pool filled with salt water? YES \square NO \square | | | | | | | | |
| 9. What is the weight of the heaviest user of the lift? | | | | | | | | |
| 10. Choose the color of the lift's seat. WHITE \Box BLUE \Box | | | | | | | | |
| 11. Check the arm rest configuration you want on the lift? (Stationary arm rest is standard.) | | | | | | | | |
| ☐ STANDARD ARM REST ON RIGHT ☐ FLIP-UP ARM REST ON RIGHT* | | | | | | | | |
| ☐ STANDARD ARM REST LEFT ☐ FLIP-UP ARM REST ON LEFT* | | | | | | | | |
| ☐ STANDARD ARM REST ON BOTH SIDES ☐ FLIP-UP ARM REST BOTH SIDES* | | | | | | | | |
| □ NO ARM RESTS Right arm rest next to t | the cylinder | | | | | | | |
| g | • | | | | | | | |

II. DIMENSIONAL INFORMATION REQUIRED FOR IN-GROUND POOLS

Select the pool profile drawing that best matches your pool below and fill in the requested measurements. If none of these profiles represent your pool, please make a detailed sketch with the pertinent measurements.



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III. DIMENSIONAL INFORMATION FOR SPAS AND ABOVE-GROUND POOLS

If the lift is being purchased for use on a spa or above-ground pool, please supply the measurements in the boxes in the drawing below.

Mark box with an X if measurement does not apply to your pool or spa.

Do you want a manual self-turn handle?

Additional charge will apply.

YES □ NO □

Note: The Aquatic Access manual self-turn handle is available for AG models and IGRC models, and is typically used with right- or left- side mounted seats.

IV. SEAT ORIENTATION FOR IGMT, IGRC, AND AG (ABOVE-GROUND) LIFTS

For IGMT, IGRC and AG (Above Ground) lifts, please check desired seat orientation below:

| RIGHT SIDE-MOUNTED | C | ylinder | alwa | ys to | right | of | seat |
|---------------------------|---|---------|------|-------|-------|----|------|
| | | | | | | | |

- ☐ **LEFT SIDE-MOUNTED--** Cylinder always to left of seat
- FORWARD-FACING -- Cylinder always behind seat required for a spa with a built-in bench seat all around so the user's feet come down in the deeper center of the spa.



V. CONTACT INFORMATION

| Contact Person _ | | Company Name | |
|------------------|-----|--------------|--|
| Address | | * | |
| Ph. | Fax | F-Mail | |

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