

Recreation Supply Company

P.O. Box 2757 Bismarck, ND 58502-2757

Please fax completed forms to:

800-850-0262

or

701-255-7895

**If you need assistance filling out the forms please call us at
800-437-8072 or 701-222-4860.**



AQUATIC ACCESS INC.

POOL AND SPA DIMENSIONAL WORKSHEET

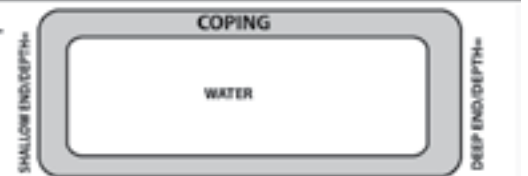
PLEASE COMPLETE A SEPARATE DIMENSIONAL WORKSHEET FOR EACH LIFT /LOCATION.

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.
IF SHAPE DIFFERS, PROVIDE AN ADDITIONAL SKETCH

INDICATE THE LOCATION OF ANY STEPS, LIGHTS, LADDERS, BENCHES,
HANDRAILS OR OTHER OBSTRUCTIONS TO LIFT ROTATION ON DECK OR
WITHIN POOL WALLS.

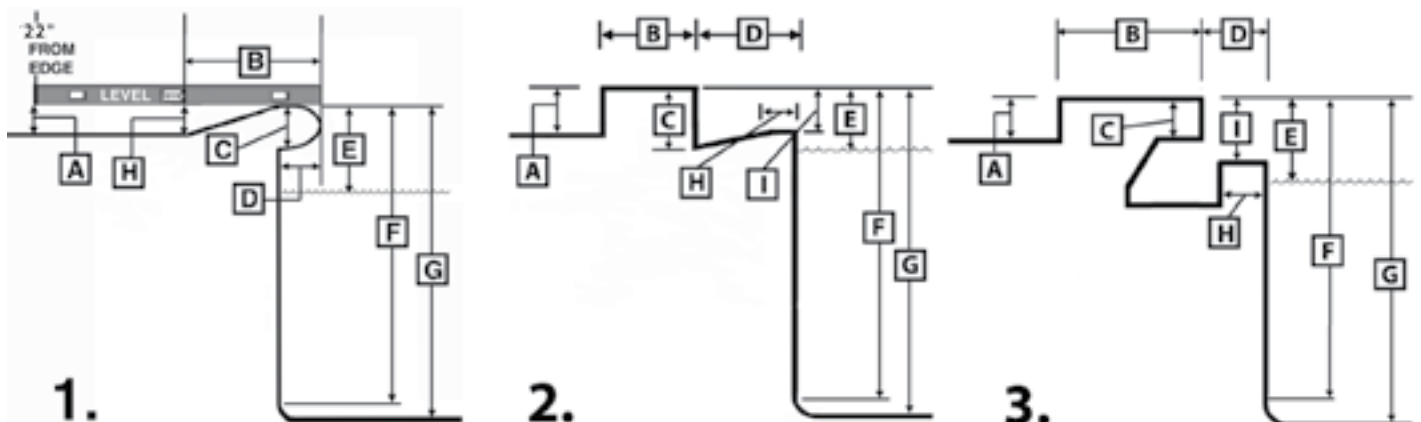


1. Verify with a carpenter's level (see illustration below) the amount of deck's slope at 22" from pool edge. _____
2. What is the composition of the deck around the pool? _____ What is the surface of the deck? _____
3. What is the composition of the pool wall? _____ Is there a vinyl liner in the pool? YES ☐ NO ☐
4. Is the pool deck on a solid foundation? YES ☐ NO ☐ If no, provide cross-section details on separate page.
5. Does the pool have a pool cover? YES ☐ NO ☐ If yes, provide cross section details on separate page.
6. Is the pool located indoors? YES ☐ NO ☐ If yes, how high is the ceiling? _____
7. Is the location on city water? YES ☐ NO ☐ What is the water pressure? _____ PSI
8. Is the pool filled with salt water? YES ☐ NO ☐
9. What is the weight of the heaviest user of the lift? _____
10. Choose the color of the lift's seat. WHITE ☐ BLUE ☐
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

*Additional charge for flip-up arm

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.



PROFILE # _____ A= _____ B= _____ C= _____ D= _____ E= _____ F= _____ G= _____ H= _____ I= _____

A = 0 FOR A LEVEL DECK

Rev. 9/1/10

Page 1 of 2

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.

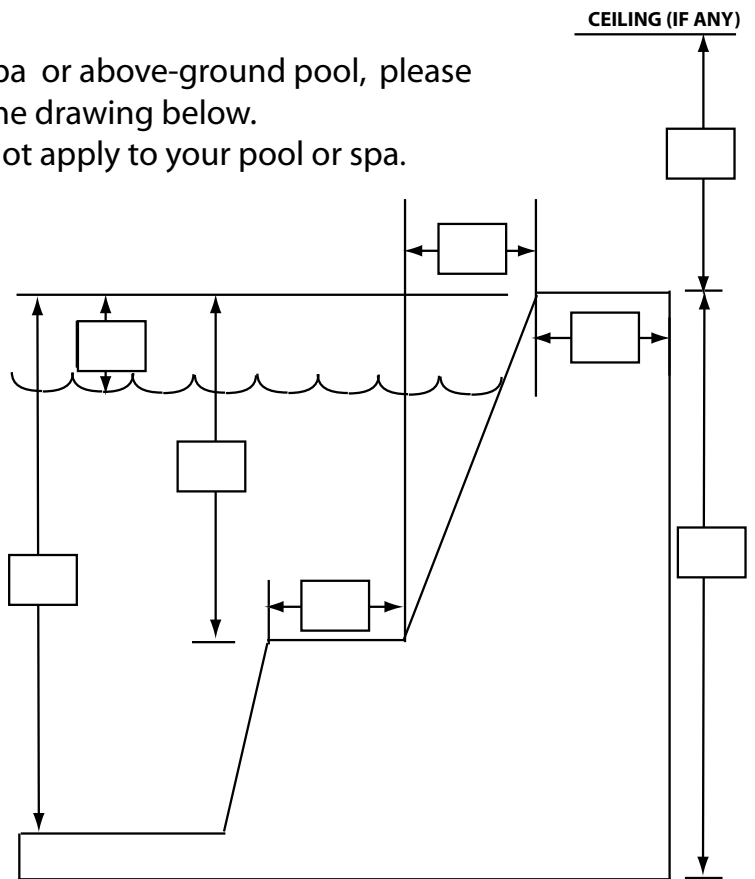
Mark box with an X if measurement does not apply to your pool or spa.

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** -- Cylinder always 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 _____ E-Mail _____

Rev. 9/1/2010 Page 2 of 2

MAIL OR FAX COMPLETED FORM TO:

AquaticAccess.com 1921 Production Drive Louisville, KY 40299 USA Ph. 502.425.5817 800.325.5438 Fax 502.425.9607