



CANTILEVER DATA SHEET

Customer: _____ Date: ____/____/____

Address: _____

Contact: _____ Email: _____

Phone: _____ Fax: _____ Cell: _____

Drawings, Sketches and Pictures are better than words – when in doubt, sketch it out!

1) Describe the materials to be stored: _____

2) Load Size: _____" w x _____" d x _____" h

3) Load Weight: _____ lbs.

4) Building Layout Drawing exists? Yes No AutoCad

5) Building "Clear" to Height lowest obstruction: _____

6) Building Column Size: _____ Shape: _____ Tapered?: _____ Wind Bracing?: _____

7) Overall Bldg Dims: _____ x _____ Bldg Col. Grid: _____ x _____ Back Wall to Col.: _____

8) Left Wall to Column: _____ Right Wall to Column: _____ Dock Doors to Column: _____
(looking from dock doors into bldg.)

9) Obstructions: _____
(Heaters, Door Tracks, Motors, Electrical Panels, etc.)

10) Floor Conc. Thickness: _____ Floor PSI Rating: _____ Soil Bearing PSF: _____

11) Condition of Floor: _____ Curb?: _____

12) Lift Truck: Sit Down Stand Drive Reach VNA Other: _____

13) Aisle Width: _____

14) Max Lift Height: _____



- 15) Existing Rack? Yes No Floor Anchored? Yes No Damages? Yes No
- 16) Design new to match existing Rack? Yes No
- 17) Colors - Upright: _____ Arm: _____ Specifications or Chip available?

COMPONENT CHECK LIST

- 18) Rack Type: Structural? Roll Formed?
- 19) Arm Length: _____ H: _____ W: _____
- 20) Arm Capacity: _____ lbs.
- 21) Number of Arm Levels: _____ Elevations: _____
(not including base) (if multiple bay configurations are required, attach sketch of each)
- 22) Base Length: _____ H: _____ W: _____
- 23) Upright H: _____ D: _____ W: _____
- 24) Upright Centers: _____
- 25) Cross Bracing: All Bays? Yes No Total Qty: _____
- 26) How many Bays (sections)?: _____ How Many Rows?: _____

OPTIONS

- 27) Wood Decking? Yes No Wire Decks? Yes No Galv. Painted Qty: _____
- 28) Beams and Saddles? Yes No Qty per Level: _____ Fascia Beams? Yes No
- 29) Pipe Stops? Yes No Length: _____ Qty: _____

WAREHOUSE ACCESSORIES

- 30) Capacity Signs #: _____ Qty: _____
- 31) Mirrors Size: _____ Qty: _____
- 32) Barrier Rail - Height: _____ Length: _____ Qty: _____
- 33) Column Sentry – Column Size and Shape: _____ Qty: _____



INSTALLATION

- 34) Installation Hours: _____ Nights Sat. Sun. Security Concerns
- 35) Clear Work Area? _____ Work Area Near Dock Doors? _____
- 36) Drive Trailers Inside? Yes No Grade or Dock Wells? _____ How Many Doors: _____

PERMITS and SEISMIC

- 37) Permit? Yes No Does the customer want BR to handle Permit? Yes No
- 38) Seismic Calc? Yes No Stamped Dwg.? Yes No How Many: _____

MUNICIPALITY

- 39) Contact: _____ Phone: _____ Fax: _____
- 40) Address: _____ Email: _____
- 41) Plan Check Fee: \$ _____ Permit Cost Calculation: \$ _____
- 42) Fire Marshal: _____ Phone: _____ Fax: _____
- 43) Address: _____ Fee: \$ _____

Fire and Life Safety

- 44) Exit Locations: _____ Office Doors: _____
- 45) Sprinkler Head Clearance: _____ Main Sprinkler Feed Line Clearance: _____
(measure to pipe and add 5" for Head pointing up or deduct 5" for Head pointing down)
- 46) Sprinkler Riser Locations: _____ Test Valve Locations: _____
- 47) Info from plate on Sprinkler Riser: _____
(flow rate, GPM, note pipe sizes)
- 48) Draft Curtain Locations: _____ Skylight/Smoke Vent locations: _____
- 49) Misc. Observations, Details and Customer Comments:

