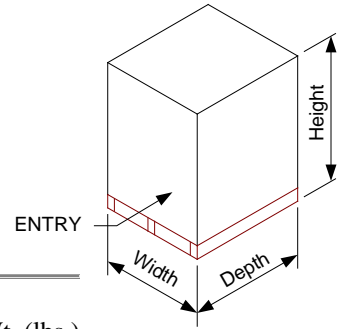


DRIVE-IN DATA SHEET

CUSTOMER: _____ **DATE:** _____
PROJECT NO.: _____ **BY:** _____

MANUFACTURER: _____
VERTICAL COMPONENTS TYPE: Roll Formed Structural



LOAD/PALLET INFORMATION (As Stored in Rack)

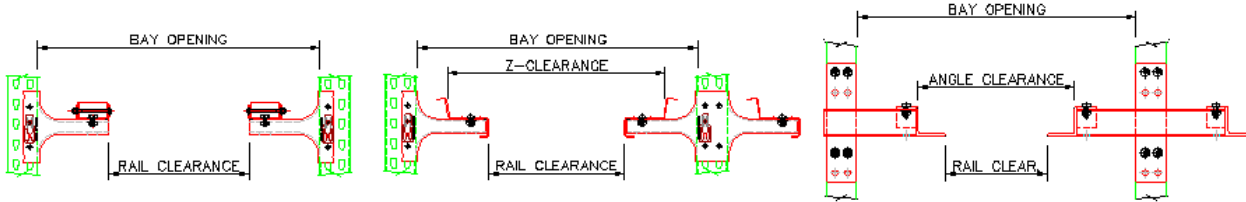
- | | Depth (In.) | Width (In.) | Height (In.) | Max.Wt. (lbs.) | Ave. Wt. (lbs.) |
|--|--|-------------|---------------------------|-------------------------|-----------------|
| • Pallet: | _____ | _____ | _____ | | |
| • Load: | _____ | _____ | _____ | | |
| • Pallet & Load | _____ | _____ | _____ | _____ | _____ |
| • Do loads bow outward? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include amount in values above. | | | | |
| • Pallet Type | _____ | | # of Bottom Boards: _____ | Pallet Condition: _____ | |
| • Pallet Material Type: | _____ | | | | |
| • Are pallets designed or suitable for Drive-In Application? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| • Are loads stable? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| • Are loads stretchwrapped? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

FORK TRUCK INFORMATION

- Aisle Width Required: _____ Inches (Space required for the entire fork truck to travel between rack members.)
- Maximum Lift: _____ Inches Height Overhead Guard _____ Inches
- Truck Type: Counter Balance Reach Narrow Aisle Other: _____
- Truck Manufacturer: _____ Model Number: _____
- Mast Width _____ Out/Out Body or Outriggers _____

RACK INFORMATION

- Rack Type: Drive-in Drive-thru Both
- Type of Rail: Conventional Z Structural Angle



CONVENTIONAL RAIL DETAIL

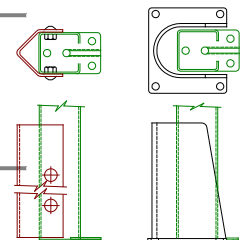
Z RAIL DETAIL

STRUCTURAL ANGLE DETAIL

- If Structural Angle Rail Advise Angle Size: 3x3 4x3 Special Length: _____
- If Structural Angle Rail Advise Entry Ends: Square Rounded Flared All
- Dbl. Stack on Floor? Yes No
- Optional: C/C _____ Inches Column Size: _____ Inches
- Configuration: List Number of Rows, Bays per Row, Depth, Levels (i.e. 1 Row, 10 Bays, 3 Deep, 4 Levels)
- _____ Row(s), _____ Bays, _____ Deep, _____ Levels - Yes No Entry both sides: If Yes, config: _____
- _____ Row(s), _____ Bays, _____ Deep, _____ Levels - Yes No Entry both sides: If Yes, config: _____

OPTIONS

- Offset Leg Frame
- Column Protector Type: _____
- Reinforced Front Column Height: _____
- Special Color (Paint chip required)



MISC.: In-Rack Sprinklers (Y/N): _____ If yes, Location(s): _____
 - Supplier: _____ Contact Name/Tele.: _____



Clear Ceiling Height: _____ Seismic Zone: _____

INSTALLATION

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

PERMITS & SEISMIC

- Permit? Yes No Does customer want 1 Stop to handle Permit? Yes No
- Seismic Calculations? Yes No Stamped Drawings? Yes No How Many Copies: _____

MUNICIPALITY

- Contact: _____ Phone: _____ Fax: _____
- Address: _____ Email: _____
- Plan Check Fee: \$ _____ Permit Cost Calculation: \$ _____
- Fire Marshal: _____ Phone: _____ Fax: _____
- Address: _____ Fee: \$ _____

Fire and Life Safety

- Exit Locations: _____ Office Doors: _____
- 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)
- Sprinkler Riser Locations: _____ Test Valve Locations: _____
- Info from plate on Sprinkler Riser: _____
(flow rate, GPM, note pipe sizes)
- Draft Curtain Locations: _____ Skylight/Smoke Vent locations: _____

Misc. Observations, Details and Customer Comments:
