

CHECK LIST
CLIENT MUST
INITIAL

FRONT ELEVATION INI.:

PLAN VIEW INI.:

SIDE ELEVATION INI.:

SETDOWN DETAIL INI.:

FLOOR PENETRATION DETAIL INI.:

ROOF PENETRATION DETAIL INI.:

ROUGH DOOR OPENING DETAIL INI.:

CONTROL BOX LOCATION INI.:

CLIENT SIGNATURE:

Date:

PRINT NAME:

SALES REP SIGNATURE:

Date:

PRINT NAME:

NOTE: NO TOP GATE REQUIRED FOR TRAVEL <600MM
BCA RESTRICTS TRAVEL TO A MAXIMUM OF 1000MM

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**EUROSTAR
BCA**
CAPACITY UP TO 340kg
AS. 1735 Pt.14 & BCA. E 3.6

DRAWN: 0000	PAPER SIZE: A3
DATE: 00/00/0000	SCALE: N.T.S.
REVISION: A	CAD0000-0
SCHEDULE 4	CAR TYPE: NA

CLIENT: CLIENT NAME INSTALLATION ADDRESS
INSTALLATION TYPE: LEFT HAND MAST NO LANDING GATE

REVISION HISTORY		
REV	DESCRIPTION	DATE
A	FIRST DRAWING	00/00/0000

