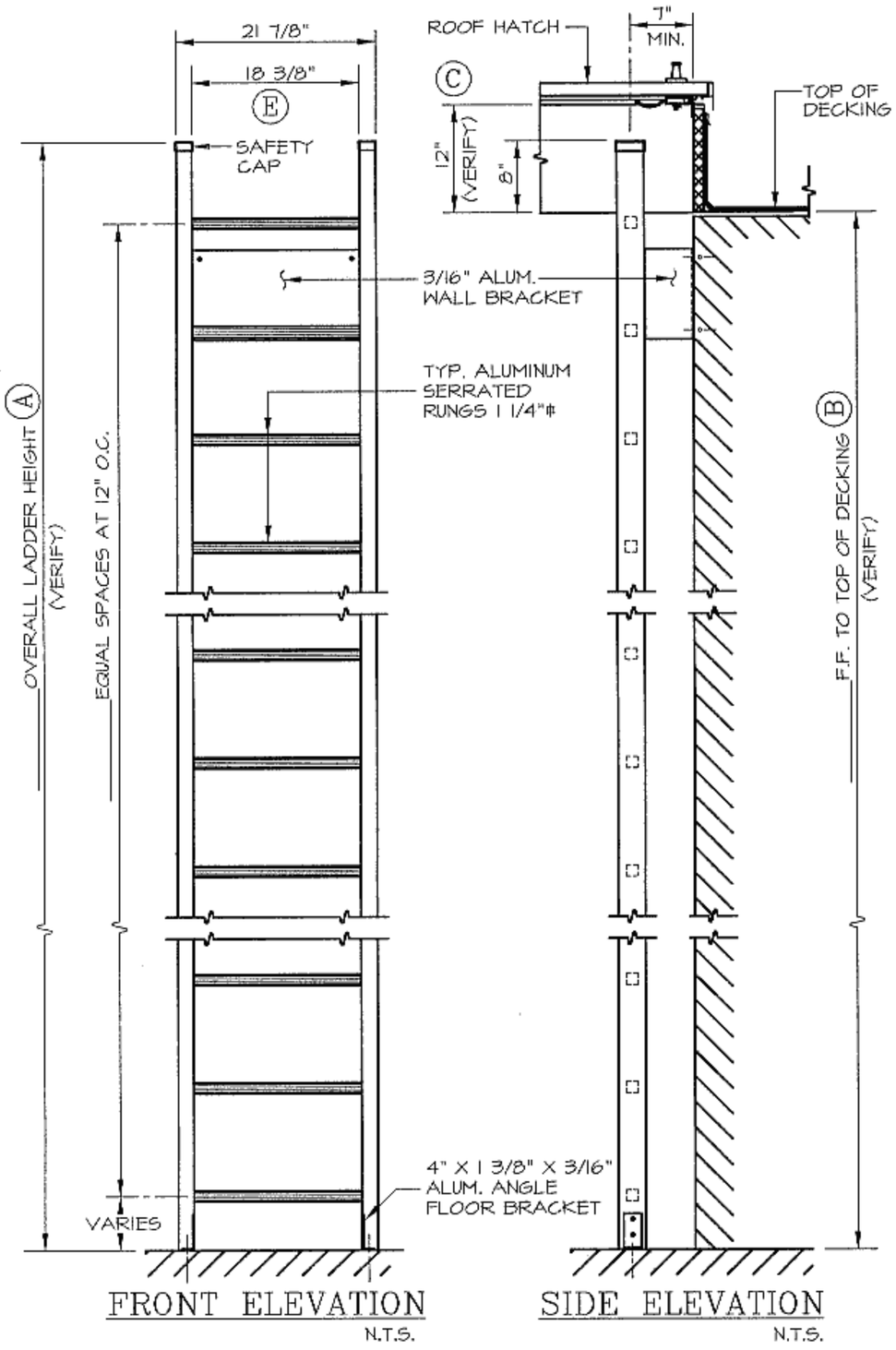


FRONT ELEVATION
N.T.S.

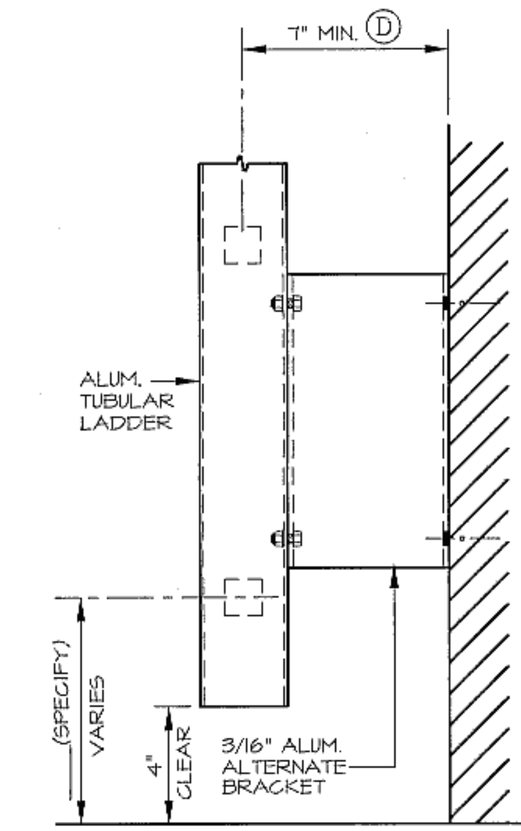
SIDE ELEVATION
N.T.S.

CONTRACTOR TO VERIFY:

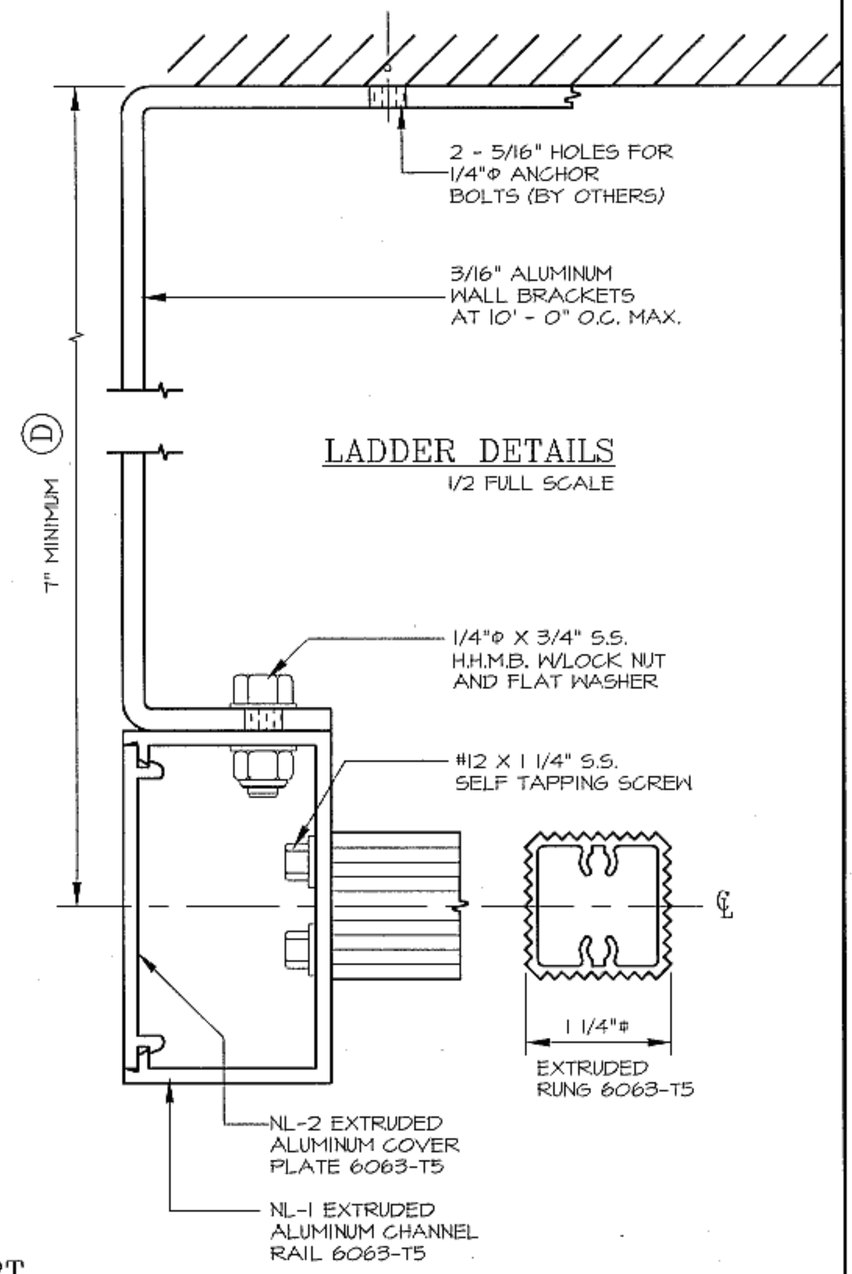
- (A) _____ LADDER HEIGHT
- (B) _____ F.F. TO TOP OF DECKING
- (C) _____ ROOF HATCH BASE HEIGHT
- (D) _____ WALL TO ℄ OF LADDER
- (E) _____ LADDER WIDTH

APPROVED BY: _____

DATE: _____



ALTERNATE OFF FLOOR SUPPORT
1 1/2" = 1' - 0"



LADDER DETAILS

1/2 FULL SCALE

FILE: LAD501

___QUANTITY
☐ SAFETY POST
☐ INTERMEDIATE BRACKET
☐ ALTERNATE BOTTOM SUPPORT
☐ MILL FINISH
☐ POWDER COATING

HEAVY DUTY TUBULAR RAILS FIXED ACCESS ALUMINUM LADDER (MODEL: 501)

O'KEEFFE'S, INC.
325 NEWHALL STREET
SAN FRANCISCO, CA 94124
TEL.: (415) 822-4222
FAX: (415) 822-5222

DRAWN :

DATE :

JOB NO.

SHEET : OF