



Work Platform Worksheet & Questionnaire

Contact name: _____

Business Phone: _____

Dealer: _____

Cell Phone: _____

Location: _____

Fax Number: _____

E-mail: _____

Quote due date: _____

Work Platform Size: Length _____

Width _____

Customer Drawing Provided? _____

Top of deck height required: _____

Clear height required: _____

Capacity: _____

PSF Live Load _____

Thickness of warehouse floor: _____

Use: ☐ Office Spac
☐ Storage
☐ Rolling Loads _____

☐ Conveyor (loaded conveyor per ft. _____ lbs.)
☐ Shelving
☐ Pallet Storage (size & weight _____)

Hand Rails Required: _____ L.F.

Kickplate Required: _____ L.F.

Gates Required: _____ Size: _____

Drop Plate: _____

Stairways: _____ Internal
_____ External

Landings: _____ Top
_____ Intermediate
_____ Turn-back

Deck Type Requested:

☐ Bar Grating ☐ Prep for Concrete
☐ 18 Ga. "B" deck with: ☐ 3/4" Plywood ☐ 3/4" Resin Deck (☐ UNF ☐ LD ☐ HD)
☐ Steel Plate
☐ Other: _____

Installation Location: _____ Seismic Zone: ☐ No ☐ Yes / Zone # _____

Are there any obstructions such as aisles, building columns, equipment placement, HVAC ducts, doorways, drains or slopes to the floor, or that would affect the location of the columns? Is there a specific span desired?

