

STRAIGHT STAIR LIFT

PHONE EVALUATION FORM

Date: _____ Time of Call: _____

Veteran's Address: _____

VA Sales Representative: _____

Veteran's Name: _____

Phone Number: _____

Veteran's Height: _____

Second Number: _____

Veteran's Weight: _____

Veteran's Email: _____

SITE DETAILS

Indoor Outdoor

Type of flooring? Tile Wood Concrete Other: _____

Do you have a handrail? Yes No

Do you have a heated floor? Yes No

Do you have a door at the top of your staircase?

Yes No

Do you have a door at the bottom of your staircase?

Yes No

Do you have a walkway/hallway, from one room to another, at the bottom of the staircase?

Yes (*Add Folding Rail to quote*) No

If you are standing on the center of the last step, at the bottom of the staircase looking down the stairs, what features or obstructions do you see within 3' of that position? (*Examples: walk-through from one room to another, door opening into staircase, other obstructions like a heater or radiator*): _____

Where is your outlet? Top Bottom Middle Landing *Needs Electrical Outlet Installed*

Do you have an electrical outlet located within 16' of the top or bottom of the staircase?

Yes (*Order SL600CC8*) No (*Quote for Electrical Outlet*)

STAIRCASE SPECIFICATIONS

How wide is your staircase? _____

How many "landings" are in your staircase? _____

How many steps are in your staircase? _____

What is the rise of a step? _____

What is the tread depth? _____

If applicable: Bulkhead height? _____

What side do you want the stair lift installed?

Right Left

Which side do you want the hand control switch on?

Right Left

NOTES AND OR DRAWING

Signature of VA Sales Representative: _____



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