SAFE GATE INSTALLATION CHECKOFF

Please EMAIL (sales@autogate.com) or FAX (419) 588-3514 a copy to AutoGate for registration purposes

SITE NAME: ___________________ ADDRESS: ________________________________
OPERATOR AG# _______________ SERIAL # _________________________________

This check list is intended to ensure the installation and training have been done according to UL325 and ASTM F2200 Code and Guidelines. For more information refer to all manufacturers website for instructions.

☐ Operator has a UL325 label.
☐ Warning signs are posted or mounted so they are visible when the gate is either OPEN or CLOSED.
☐ Controls for the public to operate the gate are a minimum 6’ away from the moving gate.
☐ Barrier Screen is installed to prevent reach through where the gate can pass by any fixed stationary object.
☐ Rear Throat area Gate Guard installed or fenced off from public.
☐ Front Kick Panel is installed.
☐ Customer has been advised the gate is for VEHICULAR USE ONLY!
☐ UL325 states a separate pedestrian passage shall be made available.
☐ Monitored CLOSING Obstruction Device(s) has been installed.
☐ Monitored OPENING Obstruction Device(s) has been installed
☐ Customer has been trained on the OPEN and CLOSE obstruction operation and they have been physically tested in both directions.
☐ Customer has been trained on the operation of the gate system.
☐ Customer has been trained to the dangers of children playing around the gate system.
☐ All wiring has been inspected to ensure it is secured to avoid damage.
☐ Customer has been trained on MANUAL operation of the gate.

__________________________________  ____________________  __________
INSTALLER OF THE GATE SYSTEM   COMPANY NAME   DATE
__________________________________  ____________________  __________
CUSTOMER OR END USER
__________________________________  ____________________  __________
AUTHORITY HAVING JURISDICTION   TITLE   DATE

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