



The Ultimate in Fall Protection

# ADVANCED FLOOR MOUNT SLEEVES

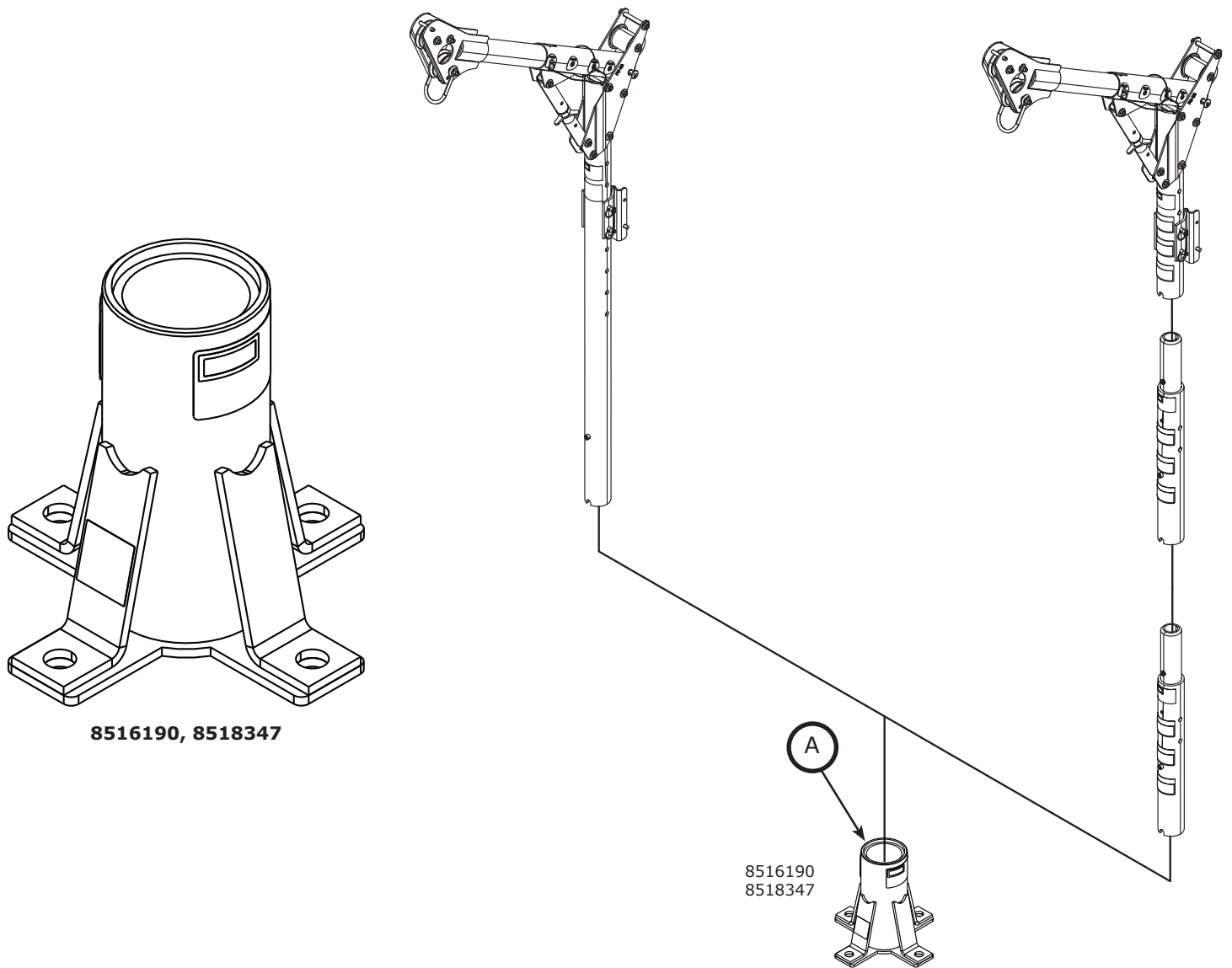
Model Numbers: 8516190, 8518347

## INSTRUCTION MANUAL

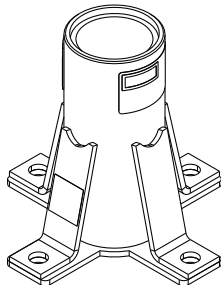
### ANSI Z359.1

This manual is intended to meet the Manufacturer's Instructions as required by ANSI Z359.1 and should be used as part of an employee training program as required by OSHA

**Figure 1 – 8516190 8518347**



**SPECIFICATIONS:**



**DESCRIPTION:**

The DBI-SALA Floor Mount Bases are designed for mounting to horizontal concrete or steel structure

**A** THESE BASES ARE ONLY COMPATIBLE WITH DBI SALA ADVANCED DAVIT MASTS AND EXTENSIONS.

**IMPORTANT:** All connecting systems, (self retracting lifelines, winches and energy absorbing lanyards) used with the davit arm and base system shall limit the arresting forces to 900 lbs (4 kN).

**GENERAL SPECIFICATIONS - MODEL 8516190:**

|                               |                     |
|-------------------------------|---------------------|
| Rated Capacity (working load) | 450 lbs (205 kg)    |
| Vertical Load                 | 5000 lbs (22.24 kN) |

**MATERIALS & CONSTRUCTION:**

|                       |  |
|-----------------------|--|
| General Construction  | Welded Steel                               |
| Material              | Mild Steel                                 |
| Hardware (Minimum)    | Gr. 8 Steel, Zinc Plated                   |
| Finish (Steel)        | Zinc Plated                                |
| Plating Specification | ASTM Designation<br>B633, Type II, Class 1 |

**APPLICATION RESTRICTIONS:**

For use with Capital Safety Systems products & accessories only.

Each installation must be approved to local standards by a qualified engineer.

If base material does not meet the minimum requirements, reinforcement must be added to meet the minimum requirements.

**GENERAL SPECIFICATIONS - MODEL 8518347**

|                               |                     |
|-------------------------------|---------------------|
| Rated Capacity (working load) | 450 lbs (205 kg)    |
| Vertical Load                 | 5000 lbs (22.24 kN) |

**MATERIALS & CONSTRUCTION:**

|                          |                                 |
|--------------------------|---------------------------------|
| General Construction     | Stainless Steel                 |
| Material                 | 304 SS                          |
| Hardware (Minimum)       | Gr. 8 Steel, Zinc Plated,<br>SS |
| Finish (Stainless Steel) | Brush Blast                     |
| Plating Specification    | None                            |

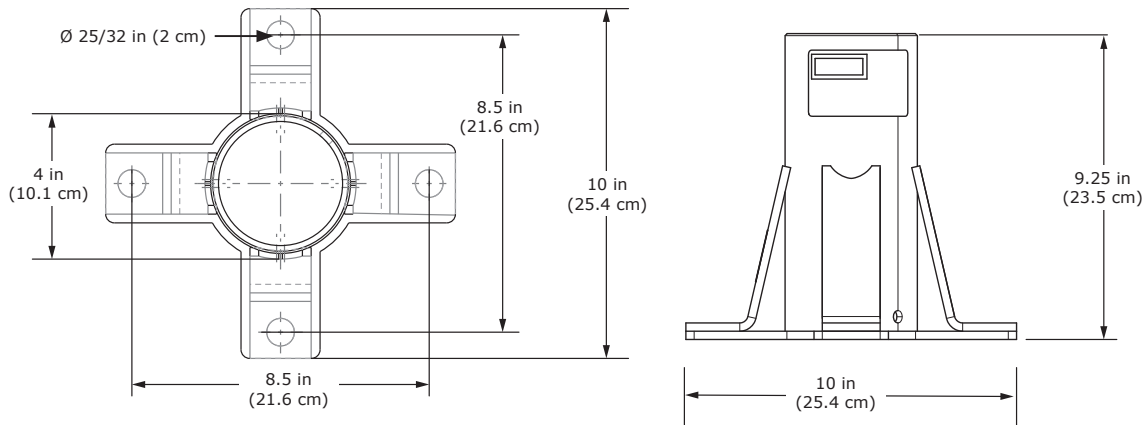
**APPLICATION RESTRICTIONS:**

For use with Capital Safety Systems products & accessories only.

Each installation must be approved to local standards by a qualified engineer.

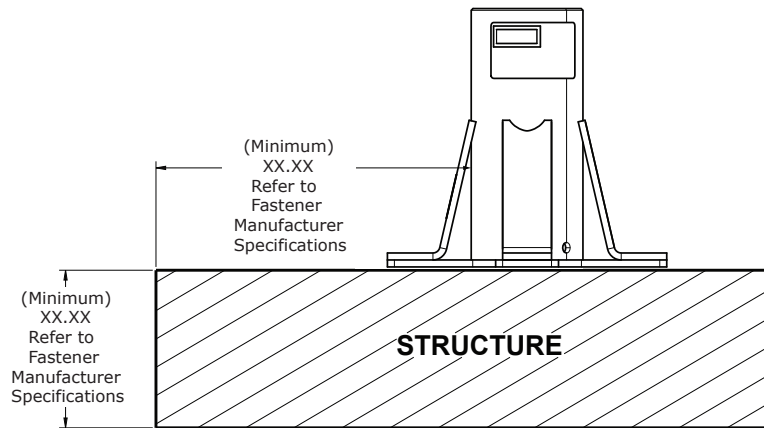
If base material does not meet the minimum requirements, reinforcement must be added to meet the minimum requirements.

**Figure 2 – Base Dimensions**



**Table 1 – Mounting Requirement Minimums**

|                                    | <b>73.6cm (29 inches) Offset</b> | <b>122cm (48 inches) Offset</b> |
|------------------------------------|----------------------------------|---------------------------------|
| <b>Pullout Force Per Base</b>      | 7784 lbf (34.6 kN)               | 8368 lbf (37.2 kN)              |
| <b>Shear Force</b>                 | N/A                              | N/A                             |
| <b>Moment Load Per Structure</b>   | 87,000 in*lbs (9.8 kN*m)         | 86,400 in*lbs (9.7 kN*m)        |
| <b>Vertical Load Per Structure</b> | 5000 lbs (22.2 kN)               | 3000 lbs (13.3kN)               |



**NOTE:** These numbers are based on a safety factor of 2:1. Refer to the fastener manufacturer specifications for fastener safety factors. It is recommended to maintain at least a safety factor of 2:1. Multiple safety factor must be taken into account when determining fasteners.

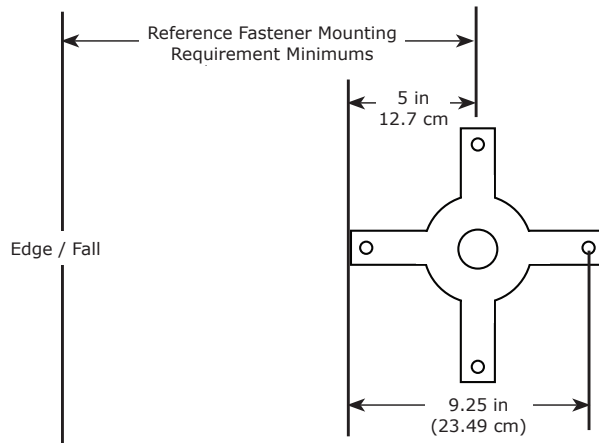
**IMPORTANT:** Base installation must be approved to local regulations by a qualified engineer. Refer to the fastener manufacturer for location of the fasteners, structure thickness, and structure type requirements

## INSTALLATION:

**IMPORTANT:** Refer to the davit arm and fastener instructions for specific mounting requirements. There are many factors that will determine a proper installation of the base, such as fastener material and davit arm length. These factors must all be considered prior to base installation.

**WARNING:** Failure to follow *Mounting Requirement Minimums* and *Installation* instructions may lead to severe injury and/or death.

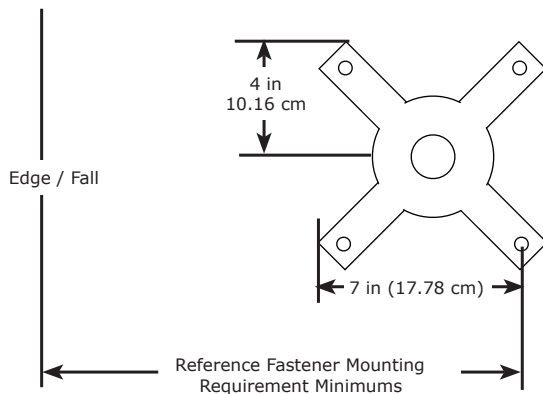
**Figure 3 – Example Install Method #1**



**NOTE:** There are different installation methods for this davit base. (Figure 3 & 4 to the left depict installation examples.) See Table 1 for specific installation guidelines. (2:1 safety factor.)

1. Place davit base leg perpendicular to edge. (See Figure 3 to left.) Using a Specification approved drill bit and the davit base as a guide, drill four holes into the deck.
2. Install the Specification approved hardware.
3. A *qualified engineer* must verify the structural installation meets local and federal regulations.
4. A *qualified engineer* must recommend the appropriate fasteners and determine proper base placement on the mount structure.

**Figure 4 – Example Install Method #2**



**IMPORTANT:** All mounting hardware must be able to withstand a minimum pull out force of 8368 lbf (37.2 kN) each if using a 48 inch (122 cm) offset. If a 29 inch (73.6 cm) offset is used, a minimum pullout 7784 lbf (34.6 kN) is required. See Table 1 for specific installation guidelines. (2:1 safety factor.)

1. Place davit base leg 45° (typical) off perpendicular to edge. (See Figure 4 to left.) Use a Specification approved drill bit and the davit base as a guide, drill four holes into the deck.
2. Install the Specification approved hardware.
3. A *qualified engineer* must verify the structural installation meets local and federal regulations.
4. A *qualified engineer* must recommend the appropriate fasteners and determine proper base placement on the mount structure.

**4. DAVIT BASE INSPECTION:**

**BEFORE EACH USE:**

**IMPORTANT:** Extreme working conditions (harsh environments, prolonged use) may require increasing the frequency of inspections.

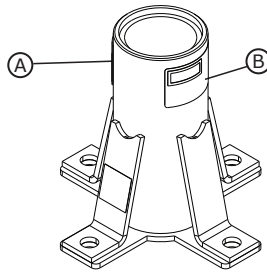
**WARNING:** If the base has been subjected to fall arrest forces, it must be immediately removed from service and inspected. If the floor mount base fails inspection, remove from service and destroy, or contact Capital Safety for repair or replacement.

**Table 2 – Inspection and Maintenance Log**

|                                       |  |                                     |                          |
|---------------------------------------|--|-------------------------------------|--------------------------|
| <b>Serial Number(s):</b>              |  | <b>Date Purchased:</b>              |                          |
| <b>Model Number:</b>                  |  | <b>Date of First Use:</b>           |                          |
| <b>Inspected By:</b>                  |  | <b>Inspection Date:</b>             |                          |
| <b>Component:</b>                     | <b>Inspection:</b>   | <b>Authorized Person or Rescuer</b> | <b>Competent Person</b>  |
| <b>Davit Base</b>                     | Ensure all bolts are secure and not damaged.   | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                       | Base should be inspected directly after installation and at same intervals as the arresting system for similar defects and/or unsafe conditions.       | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                       | All labels must be present and fully legible.  | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                       | If inspection reveals an unsafe or defective condition, remove the base from service and destroy, or contact Capital Safety for repair or replacement. | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                       | Look for signs of corrosion on the entire unit.  | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Corrective Action/Maintenance:</b> |  | Approved By:                        |                          |
|                                       |  | Date:                               |                          |
| <b>Corrective Action/Maintenance:</b> |  | Approved By:                        |                          |
|                                       |  | Date:                               |                          |
| <b>Corrective Action/Maintenance:</b> |  | Approved By:                        |                          |
|                                       |  | Date:                               |                          |
| <b>Corrective Action/Maintenance:</b> |  | Approved By:                        |                          |
|                                       |  | Date:                               |                          |
| <b>Corrective Action/Maintenance:</b> |  | Approved By:                        |                          |
|                                       |  | Date:                               |                          |
| <b>Corrective Action/Maintenance:</b> |  | Approved By:                        |                          |
|                                       |  | Date:                               |                          |
| <b>Corrective Action/Maintenance:</b> |  | Approved By:                        |                          |
|                                       |  | Date:                               |                          |
| <b>Corrective Action/Maintenance:</b> |  | Approved By:                        |                          |
|                                       |  | Date:                               |                          |
| <b>Corrective Action/Maintenance:</b> |  | Approved By:                        |                          |
|                                       |  | Date:                               |                          |
| <b>Corrective Action/Maintenance:</b> |  | Approved By:                        |                          |
|                                       |  | Date:                               |                          |

|                                       |              |
|---------------------------------------|--------------|
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |
| <b>Corrective Action/Maintenance:</b> | Approved By: |
|                                       | Date:        |

**DAVIT BASE LABELS**



8513219 Rev. B

**WARNING**  
**AVERTISSEMENT**

This component is rated for a working load of 450 lb. (205 kg). Retractable devices or shock absorbers must have a **MAXIMUM ARRESTING FORCE (M.A.F.) RATING OF 900 lb. (4kN) OR LESS.** System rating is that of the lowest rated system component.

Cet élément est conçu pour une charge de travail de 205 kg (450 lb). Des systèmes rétractables ou des amortisseurs de choc doivent avoir une **FORCE D'ARRÊT MAXIMALE (Maximum Arrest Force, M.A.F.) NOMINALE DE 4 kN (900 lb) OU MOINS.** La classification d'un système correspond à la classification du composant de la plus basse catégorie dans le système.

Ⓐ

9504547 Rev. H

[www.capitalsafety.com](http://www.capitalsafety.com)  
Capital Safety  
Red Wing, MN, USA  
+1-800-328-6146

SERIAL NO.: **XXXXXX**  
Numéro de série: **XXXXXX**

| MFRD(Y/M):<br>Fabriqué(a/ m) | LOT NO.:<br>Numéro de lot: | MODEL NO.:<br>Numéro du modèle: | LENGTH (FT):<br>Longueur(m): |
|------------------------------|----------------------------|---------------------------------|------------------------------|
|                              |                            |                                 |                              |

Ⓑ

## LIMITED LIFETIME WARRANTY

**Warranty to End User:** D B Industries, LLC dba CAPITAL SAFETY USA ("CAPITAL SAFETY") warrants to the original end user ("End User") that its products are free from defects in materials and workmanship under normal use and service. This warranty extends for the lifetime of the product from the date the product is purchased by the End User, in new and unused condition, from a CAPITAL SAFETY authorized distributor. CAPITAL SAFETY'S entire liability to End User and End User's exclusive remedy under this warranty is limited to the repair or replacement in kind of any defective product within its lifetime (as CAPITAL SAFETY in its sole discretion determines and deems appropriate). No oral or written information or advice given by CAPITAL SAFETY, its distributors, directors, officers, agents or employees shall create any different or additional warranties or in any way increase the scope of this warranty. CAPITAL SAFETY will not accept liability for defects that are the result of product abuse, misuse, alteration or modification, or for defects that are due to a failure to install, maintain, or use the product in accordance with the manufacturer's instructions.

CAPITAL SAFETY'S WARRANTY APPLIES ONLY TO THE END USER. THIS WARRANTY IS THE ONLY WARRANTY APPLICABLE TO OUR PRODUCTS AND IS IN LIEU OF ALL OTHER WARRANTIES AND LIABILITIES, EXPRESSED OR IMPLIED. CAPITAL SAFETY EXPRESSLY EXCLUDES AND DISCLAIMS ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND SHALL NOT BE LIABLE FOR INCIDENTAL, PUNITIVE OR CONSEQUENTIAL DAMAGES OF ANY NATURE, INCLUDING WITHOUT LIMITATION, LOST PROFITS, REVENUES, OR PRODUCTIVITY, OR FOR BODILY INJURY OR DEATH OR LOSS OR DAMAGE TO PROPERTY, UNDER ANY THEORY OF LIABILITY, INCLUDING WITHOUT LIMITATION, CONTRACT, WARRANTY, STRICT LIABILITY, TORT (INCLUDING NEGLIGENCE) OR OTHER LEGAL OR EQUITABLE THEORY.



Global Leader in Fall Protection

### USA

3833 SALA Way  
Red Wing, MN 55066-5005  
Toll Free: 800.328.6146  
Phone: 651.388.8282  
Fax: 651.388.5065  
solutions@capitalsafety.com

### Brazil

Rua Anne Frank, 2621  
Boqueirão Curitiba PR  
81650-020  
Brazil  
Phone: 0800-942-2300  
brasil@capitalsafety.com

### Mexico

Calle Norte 35, 895-E  
Col. Industrial Vallejo  
C.P. 02300 Azcapotzalco  
Mexico D.F.  
Phone: (55) 57194820  
mexico@capitalsafety.com

### Colombia

Compañía Latinoamericana de Seguridad S.A.S.  
Carrera 106 #15-25 Interior 105 Manzana 15  
Zona Franca - Bogotá, Colombia  
Phone: 57 1 6014777  
servicioalcliente@capitalsafety.com

### Canada

260 Export Boulevard  
Mississauga, ON L5S 1Y9  
Phone: 905.795.9333  
Toll-Free: 800.387.7484  
Fax: 888.387.7484  
info.ca@capitalsafety.com

### EMEA (Europe, Middle East, Africa)

*EMEA Headquarters:*  
5a Merse Road  
North Moons Moat  
Redditch, Worcestershire  
B98 9HL UK  
Phone: + 44 (0)1527 548 000  
Fax: + 44 (0)1527 591 000  
csgne@capitalsafety.com

### France:

Le Broc Center  
Z.I. 1re Avenue - BP15  
06511 Carros Le Broc Cedex  
France  
Phone: + 33 04 97 10 00 10  
Fax: + 33 04 93 08 79 70  
information@capitalsafety.com

### Australia & New Zealand

95 Derby Street  
Silverwater  
Sydney NSW 2128  
Australia  
Phone: +(61) 2 8753 7600  
Toll-Free : 1800 245 002 (AUS)  
Toll-Free : 0800 212 505 (NZ)  
Fax: +(61) 2 8753 7603  
sales@capitalsafety.com.au

### Asia

*Singapore:*  
69, Ubi Road 1, #05-20  
Oxley Bizhub  
Singapore 408731  
Phone: +65 - 65587758  
Fax: +65 - 65587058  
inquiry@capitalsafety.com

### Shanghai:

Rm 1406, China Venturetech Plaza  
819 Nan Jing Xi Rd,  
Shanghai 200041, P R China  
Phone: +86 21 62539050  
Fax: +86 21 62539060  
inquiry@capitalsafety.cn

[www.capitalsafety.com](http://www.capitalsafety.com)

