



**Motion Control Engineering**  
 Voice: 916 463 9200  
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# Escalator Data Forms

MCE Job #: \_\_\_\_\_ Doc #: JER116 0114  
 Date Received: \_\_\_\_\_ Page 1 of 2

## LOGISTICS DATA

**In order to better serve you and meet your schedule, this form must be completed and signed. Timely delivery and trouble-free installation begin with these data forms. Accurate, complete information is essential. Non-response to a question will be defined as meaning that the item does not apply.**

### Job Type

- Federal Government   
  State Government   
  Other Government   
  Courthouse   
  Hospital  
 School or University   
 Office Building   
 Private   
 Jail / Prison   
 Other \_\_\_\_\_

Date:	Number of escalators:
Job Name (please do not abbreviate):	
Job Location (city and state):	
Contract Date:	
Project Type: <input type="checkbox"/> New construction <input type="checkbox"/> Modernization	
<input type="checkbox"/> Job has Specifications	
<input type="checkbox"/> Specifications being sent to MCE	
Please send a copy of job specifications to MCE.	
Customer Job #:	PO#:

### Shipping Schedule

Control	Ship Date
Escalator	
Escalator	
Escalator	
Escalator	
Escalator	

### Shipping Information

Contact:		
Phone:	Fax:	
Company name and address:		
City	State	Zip Code
Notice required: <input type="checkbox"/> 24 hours <input type="checkbox"/> 48 hours   Other: _____		
<input type="checkbox"/> Check if lift gate truck needed		

### Contractor Information ( Check if same as above )

Contact:		
Phone:	Fax:	
Email:		
Company name and address:		
City	State	Zip Code

### Consultant (leave blank if none)

Contact:	
Phone:	Fax:
Email:	
Company name:	

### Elevator Safety Code Compliance

Accurate information is essential.

<b>North American Compliance:</b> <input type="checkbox"/> U.S. <input type="checkbox"/> Canada	
ASME A17.1/B44 Edition: <input type="checkbox"/> 2010 <input type="checkbox"/> 2007 <input type="checkbox"/> 2004 <input type="checkbox"/> 2000	
Addenda/Supplements: <input type="checkbox"/> 2008(a) <input type="checkbox"/> 2005(a) <input type="checkbox"/> 2002(a)	
<input type="checkbox"/> 2009(b) <input type="checkbox"/> 2005(S) <input type="checkbox"/> 2003(b)	
<input type="checkbox"/> ASME A17.1-1996/98	
<input type="checkbox"/> ASME A17.1-_____ Specify edition & addenda.	
<b>International compliance</b>	
<input type="checkbox"/> Australia AS 1735.5	
<input type="checkbox"/> EN 115	
<input type="checkbox"/> Other (Specify):	
<b>Additional state or local code compliance</b>	
<input type="checkbox"/> California	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Additional Compliance Requirements? Explain:	

Per state tax laws, it is critical that MCE receive exemption or resale certificates prior to the material being shipped and billed. If the job is a tax exempt job, send the exemption certificate with this form. If you are a resale customer and have a resale certificate, please make sure that the MCE accounting department has a copy on file.

### Form Completed By

Name/Title:	
Phone:	Fax:
Cell:	
Email:	
Company name:	
Signature:	



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## CONTROLLER DATA

### General Information

Speed: _____	Escalator length: _____
Escalator step width: _____	
<b>Motor Control Type:</b>	
<input type="checkbox"/> Wye-Delta <input type="checkbox"/> ATL (Across the Line) <input type="checkbox"/> VVVF Drive (Remote Drive)	
<b>Standard Enclosure Sizes</b> (Based on Motor FLA)	
24"H x 18"W x 8"D (Motor FLA ≤ 43 A)	
24"H x 24"W x 8"D (Motor FLA > 43 A)	
<b>Space limitations</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate enclosure space available. Otherwise, enclosure size based on job requirements.	
_____ H x _____ W x _____ D	
<input type="checkbox"/> <b>Separate control cabinet in bottom machinery space:</b>	
Standard Enclosure Size: 12"H x 12"W x 4"D	
<b>Space limitations</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate enclosure space available. Otherwise, enclosure size based on job requirements.	
_____ H x _____ W x _____ D	
<b>Machinery spaces NEMA rating:</b>	
<input type="checkbox"/> 1 <input type="checkbox"/> 12 <input type="checkbox"/> 4 <input type="checkbox"/> 4X	
<b>Line Voltage</b> (Actual measured line voltage)	
Choose closest selection below:	
<input type="checkbox"/> 208 <input type="checkbox"/> 220 <input type="checkbox"/> 230 <input type="checkbox"/> 240 <input type="checkbox"/> 415 <input type="checkbox"/> 440 <input type="checkbox"/> 460 <input type="checkbox"/> 480	
Other: _____	
<input type="checkbox"/> DC <input type="checkbox"/> AC <input type="checkbox"/> 50 Hz <input type="checkbox"/> 60 Hz Phase <input type="checkbox"/> Single Phase <input type="checkbox"/> 2 Phase <input type="checkbox"/> 3 Phase <input type="checkbox"/> Symmetrical w/respect to ground <input type="checkbox"/> Grounded leg delta configuration*	

\* Isolation transformer required if VVVF drive

### AC Motor

<input type="checkbox"/> Existing <input type="checkbox"/> New
Brand: _____
Voltage: _____ HP: _____
FL Current: _____ FL RPM: _____ Sync RPM: _____ (For 2-speed motor, measure high speed winding.)
Additional nameplate data: _____

### Machine and Brake

Machine: <input type="checkbox"/> Existing <input type="checkbox"/> New
<input type="checkbox"/> Direct Connect <input type="checkbox"/> Chain Drive
Brake: <input type="checkbox"/> Existing <input type="checkbox"/> New
<input type="checkbox"/> PM Disk Brake
Pick voltage: _____ Hold voltage: _____
<input type="checkbox"/> DC <input type="checkbox"/> AC single Phase <input type="checkbox"/> AC 3 Phase
If AC, current or fuse size required: _____
Coil resistance: _____
<input type="checkbox"/> Measured <input type="checkbox"/> Data Sheet
<input type="checkbox"/> Hot <input type="checkbox"/> Cold
<input type="checkbox"/> Contact on brake:
<input type="checkbox"/> Normally Open <input type="checkbox"/> Normally closed

### Main Drive Shaft Brake

Brake: <input type="checkbox"/> Existing <input type="checkbox"/> New
Pick voltage: _____ Hold voltage: _____
<input type="checkbox"/> DC <input type="checkbox"/> AC single Phase <input type="checkbox"/> AC 3 Phase
If AC, current or fuse size required: _____
Coil resistance: _____
<input type="checkbox"/> Measured <input type="checkbox"/> Data Sheet
<input type="checkbox"/> Hot <input type="checkbox"/> Cold
<input type="checkbox"/> Contact on brake:
<input type="checkbox"/> Normally Open <input type="checkbox"/> Normally closed

### Operating Features

<b>Plug-in, portable control station</b> (standard)
Indicate if station should be excluded at:
<input type="checkbox"/> Top <input type="checkbox"/> Bottom
<b>Inspection control station at top of cabinet</b> (standard)
<b>Control panel</b> (top of cabinet):
<input type="checkbox"/> LED (standard) <input type="checkbox"/> LCD
<input type="checkbox"/> <b>Energy saving operation</b> (VVVF only)
<input type="checkbox"/> <b>Tandem operation</b>
<input type="checkbox"/> <b>Auto chain lubrication operation</b>
<input type="checkbox"/> Pump motor <input type="checkbox"/> Electromagnetic valve
Voltage: _____ Current: _____
<input type="checkbox"/> <b>Display module</b>
<input type="checkbox"/> Top <input type="checkbox"/> Bottom
<input type="checkbox"/> <b>Smoke detector input</b>
<input type="checkbox"/> <b>Remote Monitoring Connection</b>
<input type="checkbox"/> iMonitor (Ethernet) <sup>†</sup>
<input type="checkbox"/> SCADA
<input type="checkbox"/> Up <input type="checkbox"/> Down
<input type="checkbox"/> Running / Stopped <input type="checkbox"/> Inspection / Normal
<input type="checkbox"/> Fault
<input type="checkbox"/> High Speed (VVVF only)
<input type="checkbox"/> Low Speed (VVVF only)
Other: _____
Alarm bell voltage: _____
Comb light voltage: _____
Step light Voltage: _____
Demarcation light voltage: _____

<sup>†</sup> LCD Control Panel required.

### Special Instructions