

**MCE TO COMPLETE THIS INFORMATION**

Drawing Number:		Engineer Name:	
Installation Date:		Delivery Date:	
Comments: _____			
_____			

**CUSTOMER INFORMATION**

Customer Name:	Job Name:
Customer Address:	
Contact Name:	Contact Title:
Telephone:           +(    )	FAX:                   +(    )
Email Address:	Cell Phone:         +(    )
Contact Signature:	Date Signed:

**JOB INFORMATION**

Car Type: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight	Application: <input type="checkbox"/> New Construction <input type="checkbox"/> Modernization
Machine/Motor Quantity Required: No.           (If configurations are different, complete separate forms for each machine or motor)	
Number of Floors:	Machine/Motor location: <input type="checkbox"/> Machine Room <input type="checkbox"/> Top of hoistway <input type="checkbox"/> Bottom of hoistway
Main Supply: <input type="checkbox"/> 3-Phase       VAC /       Hz	Please provide: Job Specifications and Architectural and Structural Drawings
ASME A17.1 compliance: <input type="checkbox"/> 1993 <input type="checkbox"/> 1996 <input type="checkbox"/> 2000 <input type="checkbox"/> 2004/5	Seismic Zone: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 If 2 or greater, must all code requirements be met (including seismic fishplates)? <input type="checkbox"/> Yes <input type="checkbox"/> No

**LOAD DATA**

Rated live load/car capacity:       lbs /       kg	Empty car weight (crosshead label):       lbs /       kg
Total suspended weight:       lbs /       kg	Counterweight percentage: <input type="checkbox"/> 40% <input type="checkbox"/> Other:
Compensation <input type="checkbox"/> (Compensation is assumed to be 100%)	
Load Classification	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> Other – Specify: _____

**EXISTING EQUIPMENT DATA (IF MODERNIZATION)**

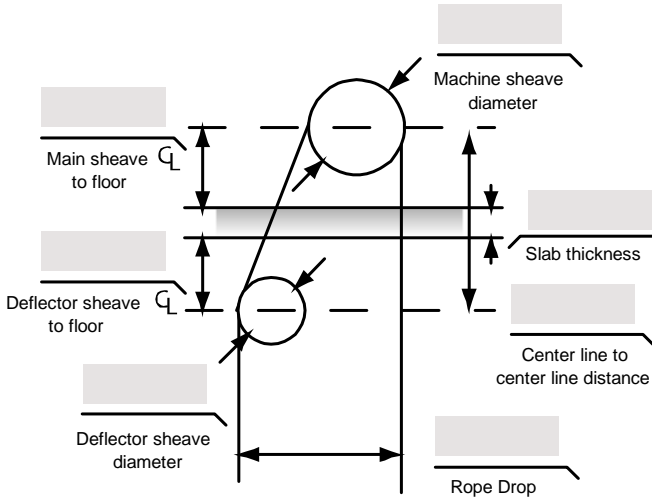
Existing Lift:	Brand:	Type:	Install Date:
Number of cables:	Cable diameter: <input type="checkbox"/> 1/2 in <input type="checkbox"/> 5/8 in <input type="checkbox"/> Other		
Car speed:       _____ FPM /       _____ m/s	Pitch:       _____ (center-to-center sheave groove dimension)		
Hand of Sheave	When standing at the motor end, the sheave is on the: <input type="checkbox"/> Right <input type="checkbox"/> Left	Roping	<input type="checkbox"/> 1:1 <input type="checkbox"/> 2:1

**NOTE: HOISTWAY AND MACHINE ROOM LAYOUT DRAWINGS**

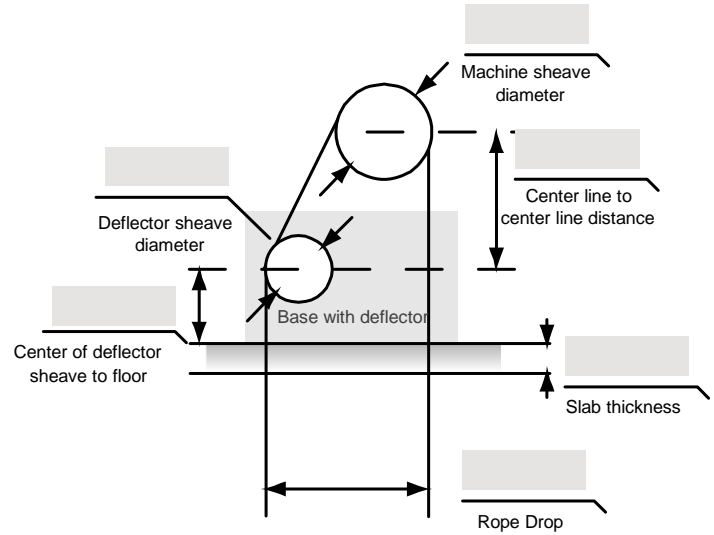
This survey form provides the most common layout drawing. Other layout drawings are available from MCE upon request.

I would like a representative to contact me about additional drawings.

**EXISTING SHEAVE AND DEFLECTOR INFORMATION**

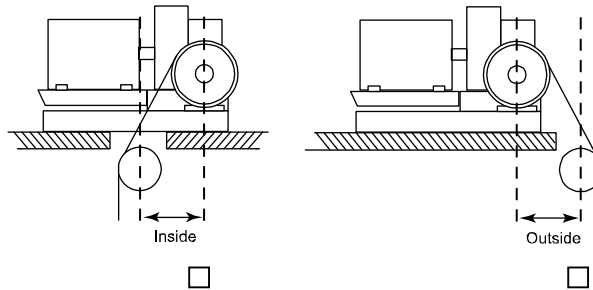


A. Deflector in hoistway

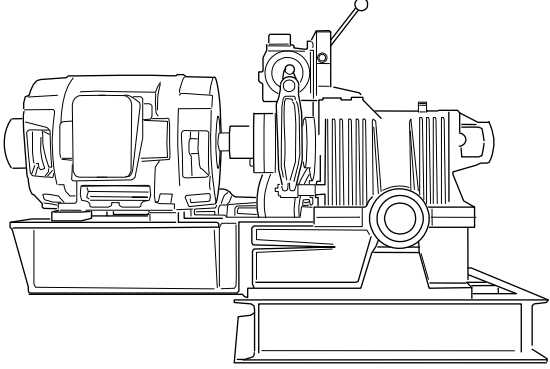


B. Deflector in sub base

Indicate Deflector vs. Main Sheave Position  
 (drawings represent both left and right hand machines)



**MACHINE INFORMATION**

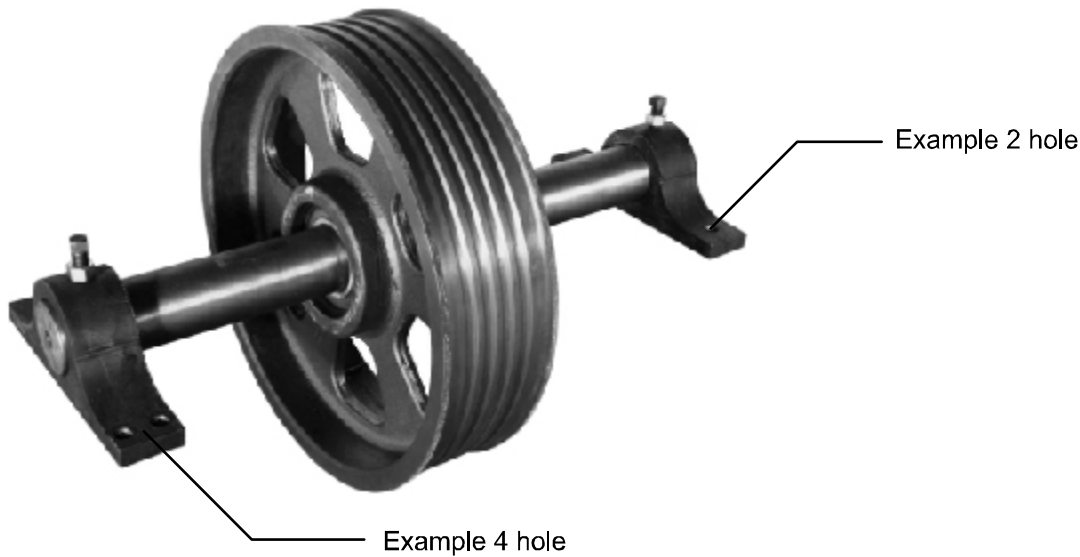
	<b>STANDARD EQUIPMENT</b>	<b>AVAILABLE ACCESSORIES</b>
	Imperial motor, sized per job	<input type="checkbox"/> Rope guard
	94MB gear unit	<input type="checkbox"/> Machine sheave guard
	Fabricated steel sub base	<input type="checkbox"/> Machine isolation pads
	Brake assembly	<input type="checkbox"/> Rope brake (HW #622) <input type="checkbox"/> Mounting plate & hardware
	Brake release micro switch	<input type="checkbox"/> Governor
	Field replaceable sheave	<input type="checkbox"/> Compensation chains
	1024 ppr incremental encoder	<input type="checkbox"/> Hoist ropes
	Factory filled synthetic lubricant	<input type="checkbox"/> Anti-sway devices (cable/chain)
	7-groove sheave V-groove (40°) w/undercut (90°)	<input type="checkbox"/> Pull out detection switches <input type="checkbox"/> Grips, support brackets, U-bolts, and couplings (See Comp Cabl pg)
		<input type="checkbox"/> Deflector Sheave (See below)
		<input type="checkbox"/> Blocking beams, gusset reinforced

**OPTIONAL DEFLECTOR SHEAVE INFORMATION**

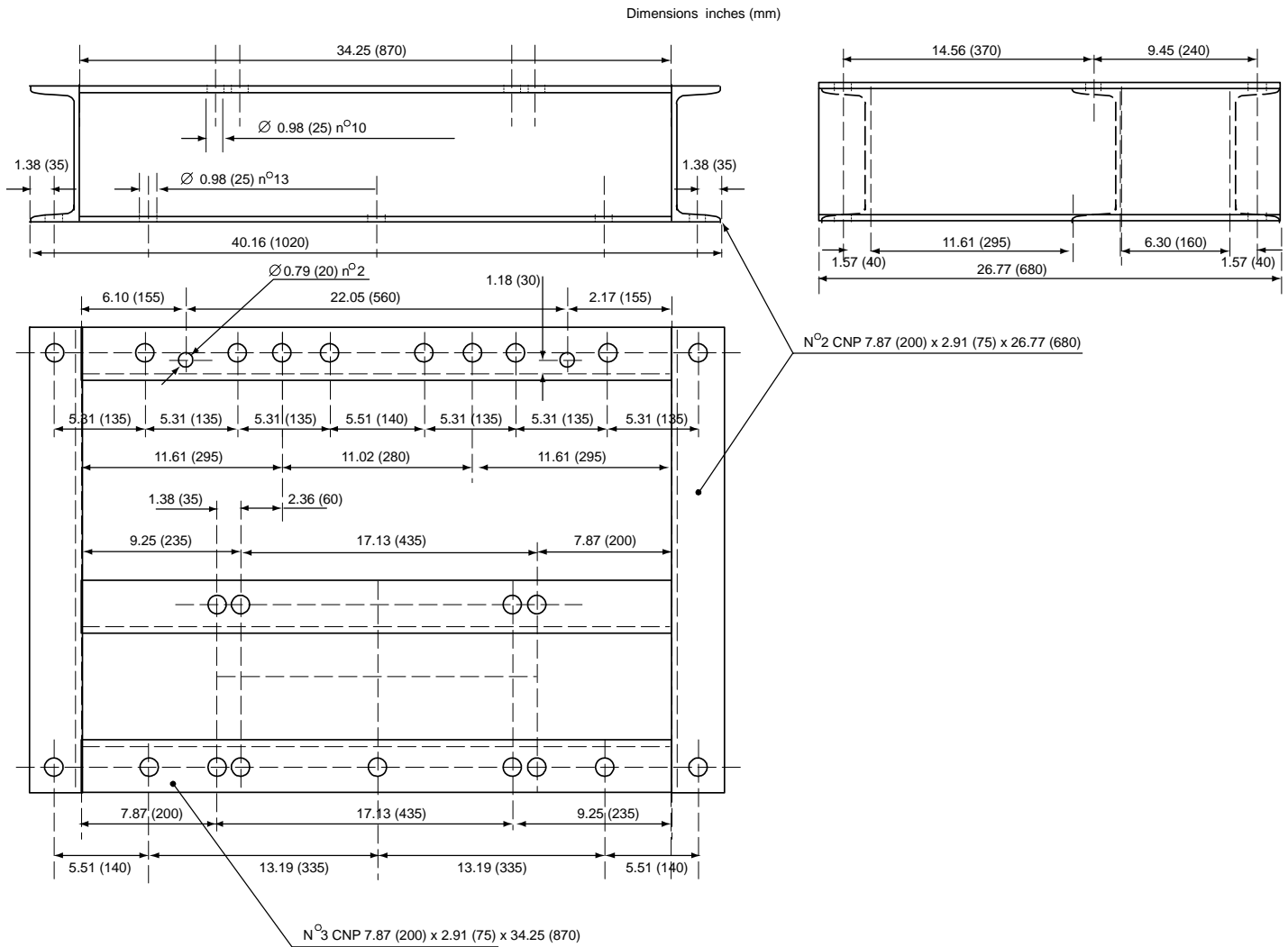
Existing Pillow Block  2-hole  4-hole (see illustration)

Existing deflector sheave shaft length: \_\_\_\_\_

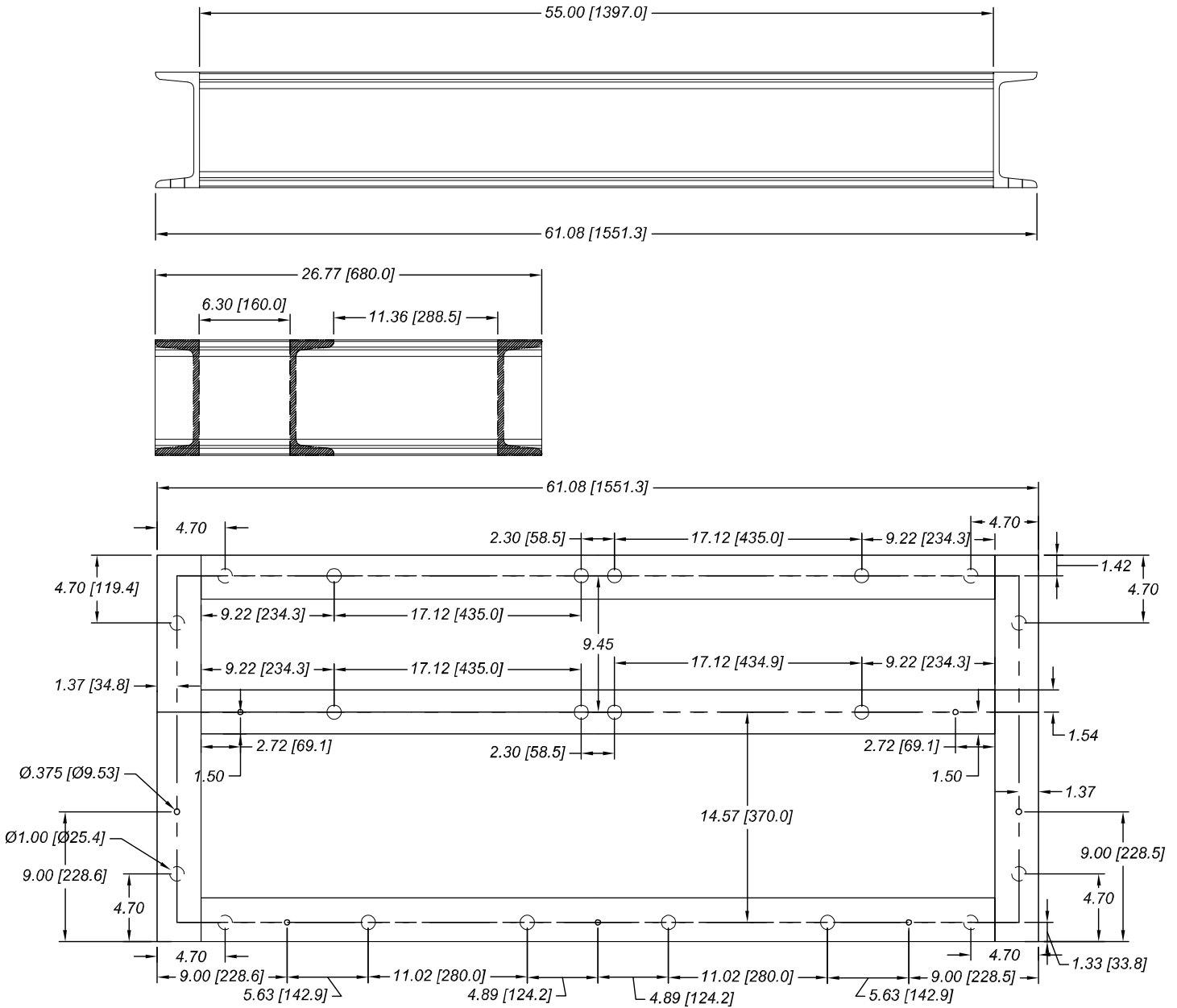
Distance from one end of shaft to center of sheave: \_\_\_\_\_



**MACHINE SUB BASE A DIMENSIONS (LH SHOWN)**

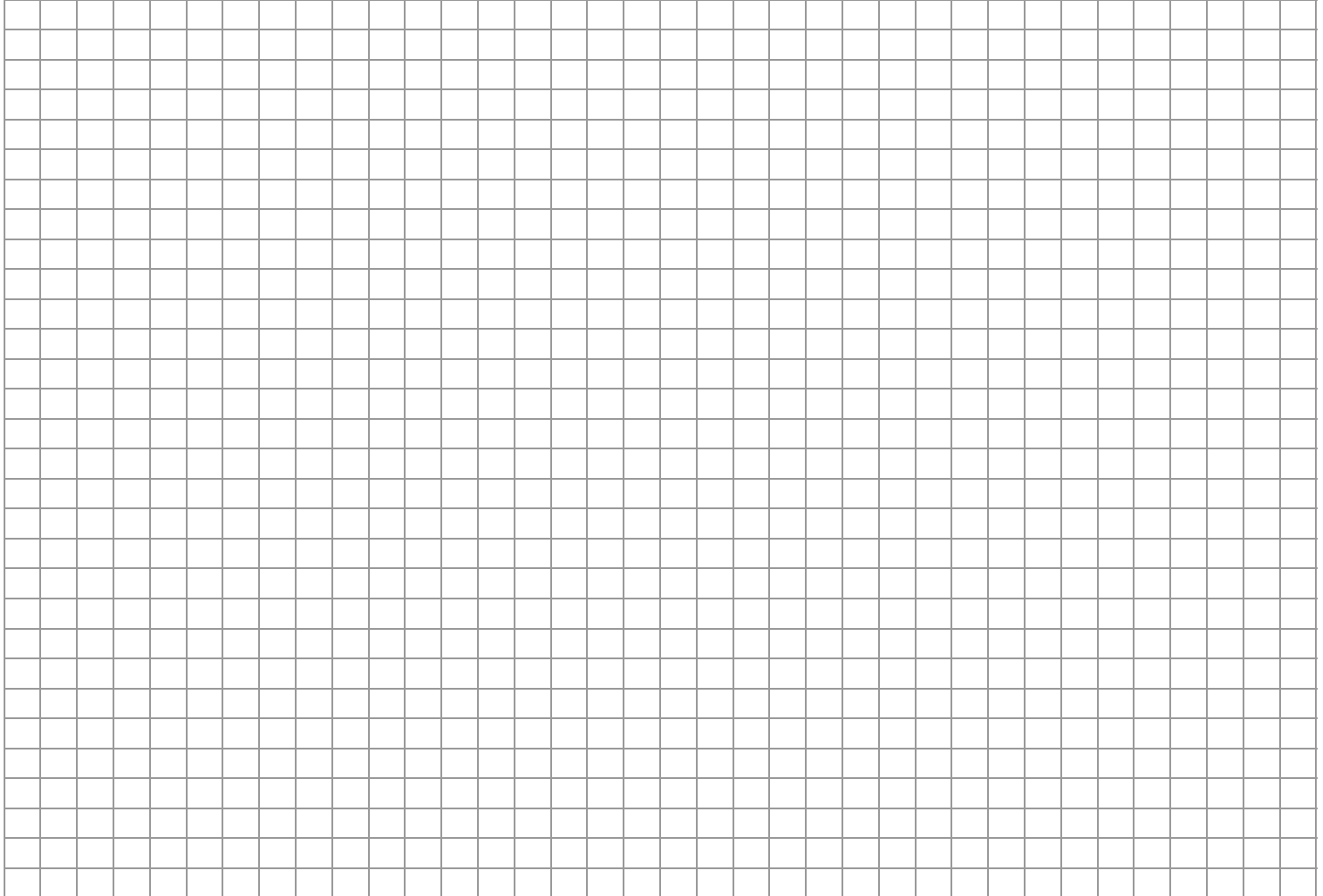


**MACHINE SUB BASE B DIMENSIONS**



## **CUSTOMER PROVIDED INFORMATION**

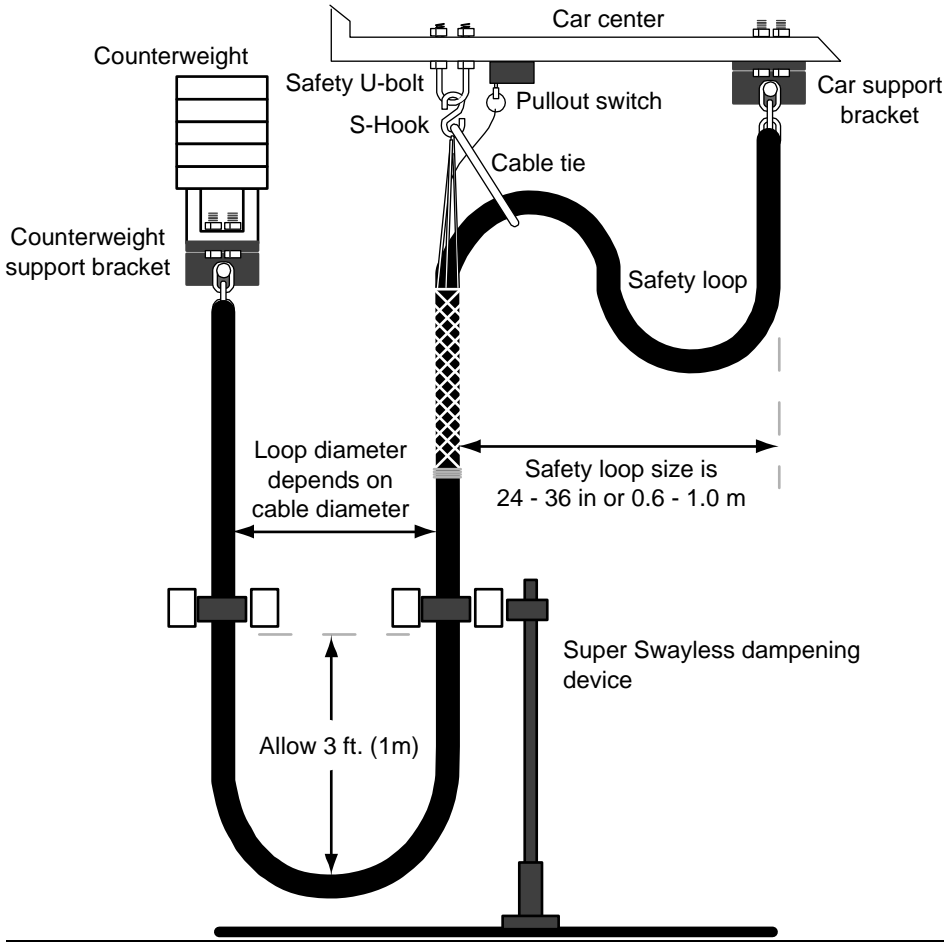
Please provide a sketch and measurements for the machine room area within a 15-foot radius of the machine location, and/or other information you think relates to machine installation:



Text:



**COMPENSATING CABLE/ACCESSORIES**



**COMPENSATING CABLE ACCESSORIES**

<input type="checkbox"/> Stainless Steel Mesh Grips Qty:	<input type="checkbox"/> Support Brackets (2 required minimum) Qty:
<input type="checkbox"/> Steel U-bolts Qty:	<input type="checkbox"/> Steel S-hooks Qty:
<input type="checkbox"/> Couplings Qty:	<input type="checkbox"/> Super Swayless Dampeners Qty:
<input type="checkbox"/> Pullout switch kit Qty:	<input type="checkbox"/> Floor Mount Brackets (2 minimum) Qty:
	<input type="checkbox"/> Counterweight Mount bracket
	<input type="checkbox"/> Counterweight Rail Mount (w/ 2 s/swayless dampeners)
	<input type="checkbox"/> Cable stripping service Number links: <input type="checkbox"/> 1.5 <input type="checkbox"/> 3.5

**CAUTION:**

**Elevator compensating cable and/or rope installation hardware qualities are specified by code. Hardware that does not meet these standards will void the cable/rope/peripherals manufacturer warranty.**