

**Motion Control Engineering**Voice: 916 463 9200
Fax: 916 463 9201**Escalator Data Forms**

MCE Job #:

Doc #: 42-FR-0471 A2 JER116

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.

North American Compliance: U.S. Canada

ASME A17.1/B44 Edition: 2019
 2016 2013 2010 2007 2004 2000
Addenda/Supplements: 2008(a) 2005(a) 2002(a)
 (None for A17.1-2010 and later) 2009(b) 2005(S) 2003(b)

 ASME A17.1-1996/98 ASME A17.1-_____ Specify edition & addenda.**International compliance** Australia AS 1735.5 EN 115 Other (Specify):**Additional state or local code compliance** California Other: 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:	

**Motion Control Engineering**

Voice: 916 463 9200

Fax: 916 463 9201

Escalator Data Forms

MCE Job #:

Doc #: 42-FR-0471 A2 JER116

Date Received:

Page 2 of 2

CONTROLLER DATA**General Information**

Speed: _____	Escalator length: _____
Escalator step width: _____	
Motor Control Type:	
<input type="checkbox"/> Wye-Delta	<input type="checkbox"/> ATL (Across the Line)
<input type="checkbox"/> VVVF Drive (Remote Drive)	
Standard Enclosure Sizes (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)	
Space limitations <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	
Control cabinet in bottom machinery space:	
Standard Enclosure Size: 12"H x 12"W x 4"D	
Space limitations <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	
Machinery spaces NEMA rating:	
<input type="checkbox"/> 1	<input type="checkbox"/> 12 <input type="checkbox"/> 4 <input type="checkbox"/> 4X
Line Voltage (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

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

Machine and Brake

Machine:
<input type="checkbox"/> Direct Connect <input type="checkbox"/> Chain Drive
Brake:
<input type="checkbox"/> Drum <input type="checkbox"/> PM Disk Brake <input type="checkbox"/> Spring 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:
Pick voltage: _____ Hold voltage: _____
<input type="checkbox"/> DC <input type="checkbox"/> AC single Phase <input type="checkbox"/> AC 3 Phase
<input type="checkbox"/> Monitor Only
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

<input type="checkbox"/> Plug-in, portable control station
Inspection control station at top of cabinet (standard)
<input type="checkbox"/> Tandem operation
<input type="checkbox"/> Auto chain lubrication operation
<input type="checkbox"/> Pump motor <input type="checkbox"/> Electromagnetic valve
Voltage: _____ Current: _____
<input type="checkbox"/> Display module
<input type="checkbox"/> Top <input type="checkbox"/> Bottom
<input type="checkbox"/> Smoke detector input
<input type="checkbox"/> Remote Monitoring Connection
<input type="checkbox"/> iMonitor (Ethernet) [†]
<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: _____

[†] LCD Control Panel required.**Special Instructions**

--