### 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.

**Logistics Data**

**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: New constructionModernization | |
| Job has Specifications  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:  24 hours  48 hours Other:  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:**  (None for A17.1-2010 and later) | | | 2008(a)  2009(b) | 2005(a)  2005(S) | 2002(a)  2003(b) | |
| ASME A17.1-1996/98 |
| ASME A17.1- Specify edition & addenda. |
|  |
| **International compliance** |
| Australia AS 1735.5 |
| EN 115 |
| Other (Specify): |
| 2 |
| **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: | |

### General Information

**Controller Data**

|  |  |
| --- | --- |
| Speed: | Escalator length: |
| Escalator step width: | |
| **Motor Control Type:**  Wye-Delta  ATL (Across the Line)  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**  Yes  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**  Yes  No  If yes, indicate enclosure space available. Otherwise, enclosure size based on job requirements.        H x       W x       D | |
| **Machinery spaces NEMA rating:**  1  12  4  4X | |
| **Line Voltage** (Actual measured line voltage)  Choose closest selection below:  208  220  230  240  415  440  460  480  Other: | |
| DC  AC  50 Hz  60 Hz  Phase  Single Phase  2 Phase  3 Phase  Symmetrical w/respect to ground  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: |
| Thermistor |

# Machine and Brake

|  |
| --- |
| Machine:  Direct Connect  Chain Drive |
| Brake:  Drum  PM Disk Brake  Spring Disk Brake  Pick voltage:  Hold voltage:  DC  AC Single Phase  AC 3 Phase  If AC, current or fuse size required: |
| Coil resistance:  Measured  Data Sheet  Hot   Cold |
| Contact on brake:  Normally Open  Normally Closed |

# Main Drive Shaft Brake

|  |
| --- |
| Brake:  Pick voltage:  Hold voltage:  DC  AC single Phase  AC 3 Phase  Monitor Only  If AC, current or fuse size required: |
| Coil resistance:  Measured  Data Sheet  Hot  Cold |
| Contact on brake:  Normally Open  Normally closed |

# Operating Features

|  |
| --- |
| **Plug-in, portable control station** |
| **Inspection control station at top of cabinet** (standard) |
|  |
|  |
| **Tandem operation** |
| **Auto chain lubrication operation**  Pump motor  Electromagnetic valve  Voltage:  Current: |
| **Display module**  Top  Bottom |
| **Smoke detector input** |
| **Remote Monitoring Connection**  iMonitor (Ethernet)†  SCADA  Up  Down  Running / Stopped  Inspection / Normal  Fault  High Speed (VVVF only)  Low Speed (VVVF only)  Other: |
| Alarm bell voltage: |
| Comb light voltage: |
| Step light Voltage: |
| Demarcation light voltage: |

† LCD Control Panel required.

# Special Instructions

|  |
| --- |
|  |