



Motion Control Engineering
 Voice: 916 463 9200
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Motor Survey Form

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Doc #: 42-FR-0490 A1 (JER121)
 www.nidec-mce.com

MCE TO COMPLETE THIS INFORMATION

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

CUSTOMER INFORMATION

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

JOB INFORMATION

Car Type: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight	Job Type: <input type="checkbox"/> Hospital <input type="checkbox"/> Office <input type="checkbox"/> Hotel
Application: <input type="checkbox"/> New Construction <input type="checkbox"/> Modernization	<input type="checkbox"/> School <input type="checkbox"/> Apartment
Area: <input type="checkbox"/> North America <input type="checkbox"/> South America <input type="checkbox"/> Australia <input type="checkbox"/> Europe <input type="checkbox"/> Japan <input type="checkbox"/> China <input type="checkbox"/> Other:	

ELEVATOR DATA

Counterweight %: <input type="checkbox"/> 40% <input type="checkbox"/> 45% <input type="checkbox"/> 50% If unknown, MCE will assume 40%	
Main Line Voltage: _____ VAC _____ Ø _____ Hz	Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Rated Speed: _____ FPM or _____ m/s	Rated Capacity: _____ lbs or _____ kg

MACHINE DATA

<input type="checkbox"/> Geared <input type="checkbox"/> Gearless	<input type="checkbox"/> AC Motor <input type="checkbox"/> DC Motor
Location: <input type="checkbox"/> Overhead <input type="checkbox"/> Basement	Type: <input type="checkbox"/> Traction <input type="checkbox"/> Drum
Motor Mounting: <input type="checkbox"/> Foot <input type="checkbox"/> Flange	Machine Brand: _____ Model: _____
Shaft Style: <input type="checkbox"/> Straight <input type="checkbox"/> Taper	Machine RPM (synch): _____
Roping: <input type="checkbox"/> 1:1 <input type="checkbox"/> 2:1	Helical Gears: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sheave Diameter: _____ in. or _____ mm	Machine Condition: <input type="checkbox"/> Existing <input type="checkbox"/> New (if new, see below)
<input type="checkbox"/> Switch mounted to rope retainer for Earthquake Hoistway Scan operation (2016 and later, Requirement 8.4.3.1.5)	
If this is a new machine, please provide manufacturer information so MCE can forward motor information:	
Name: _____	
Address: _____	
Attention: _____ PO#: _____	

EXISTING MOTOR INFORMATION

HP:	Full Load RPM:	
SF:	Duty:	NEMA Nom Eff:
Code:	NEMA Desc:	PF:
FR:	ENCL:	Type:
AMB:	Insul Class:	Phase:
HZ:	Volts:	Amp: