



**Motion Control Engineering**  
 Voice: 916 463 9200  
 Fax: 916 463 9201

# PMAC Gearless Machine Data Forms

MCE Job #: \_\_\_\_\_ Doc #: JER118 0214  
 Date Received: \_\_\_\_\_ Page 1 of 5

## LOGISTICS DATA

**In order to better serve you and meet your schedule, this form must be completed and signed.**

### Delivery & Payment Schedule

Standard MCE terms of payment (normally net 30 days) apply to your machine order. If you require special terms of payment, please fill out the Alternative Payment Schedule information on this page.

Control	Delivery Date	Payment Date
Car		
Car		
Car		
Car		
Car		
Car		
Car		
Car		
Car		

### Alternative Payment Schedule

If you require special terms of payment for this job, please provide the alternative proposal below. Provide specifics of building owner payments. MCE may request a copy of your contract before approving an alternative payment schedule.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Copy of Contract attached?  Yes  No

### Job Type

- Federal Government       Other Government  
 School or University       Hospital  
 Private       Other

### Installation Information

Building owner representative: \_\_\_\_\_

Site address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Signature & Title

Please sign below: \_\_\_\_\_

Please print your title below: \_\_\_\_\_

Please provide your business and cell phone numbers:  
 Business: \_\_\_\_\_  
 Cell: \_\_\_\_\_



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**Timely delivery and trouble-free installation begin with these data forms. Accurate, complete information is essential. Non-response to a yes/no question will be defined as meaning that the item does not apply.**

Date:	Number of cars:
Job Name (please do not abbreviate):	
Customer Job #:	PO#:

## Contractor Information

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

## 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

## Surveyor

Contact:	
Phone:	Fax:
Company name:	

**Does job have specifications?**  Yes  No  
**Specifications being sent to MCE?**  Yes  No

## Form Completed By

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

## Machine Data

Job location (city/state):
Contract date:
Project Type: <input type="checkbox"/> New construction <input type="checkbox"/> Modernization
Duty: <input type="checkbox"/> Passenger <input type="checkbox"/> Service <input type="checkbox"/> Freight
Measurements: <input type="checkbox"/> U.S./English <input type="checkbox"/> S.I./Metric
<b>Roping</b>
Rated car speed: Feet Per Minute
<input type="checkbox"/> 1:1 <input type="checkbox"/> 2:1 <input type="checkbox"/> Other:
<input type="checkbox"/> Overslung <input type="checkbox"/> Underslung
Number of ropes:
Wrapping: <input type="checkbox"/> Single <input type="checkbox"/> Double
Rope diameter: <input type="checkbox"/> 8mm <input type="checkbox"/> 10mm <input type="checkbox"/> 1/2" <input type="checkbox"/> 5/8" <input type="checkbox"/> 9/16"
Rope type: <input type="checkbox"/> Traction steel <input type="checkbox"/> Extra high strength traction steel
<b>Load</b>
Rated live load (lbs):
Empty car weight (crosshead label, lbs.):
Total suspended weight: lbs: <input type="checkbox"/> kg: <input type="checkbox"/> Total suspended weight is the sum of: Capacity Cab weight including sling, platform, doors & operator Rope weight, Traveling cable Counterweight frame and fillers Compensation chain
Counterweight percentage (typically 45%):
Compensation <input type="checkbox"/> Type: <input type="checkbox"/> Rope <input type="checkbox"/> Chain Compensation assumed to be 100%.
<b>Machine</b>
Machine location: <input type="checkbox"/> Overhead <input type="checkbox"/> Basement <input type="checkbox"/> Side
Seismic Zone 2 or greater? <input type="checkbox"/>
Breakdown crating required: <input type="checkbox"/> No <input type="checkbox"/> Yes (Machine is separated into major components to reduce size and weight for easier handling.) <input type="checkbox"/> Option 1: Sheave & brake shipped separately. <input type="checkbox"/> Option 2: Sub base broken down and shipped separately. <input type="checkbox"/> Option 3: Sheave, brake, rotating assembly shipped separately (requires extensive customer technical expertise to re-assemble correctly and safely) <input type="checkbox"/> MCE to provide on-site technician to re-assemble machine Additional charges apply to all options.



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MCE Job #:

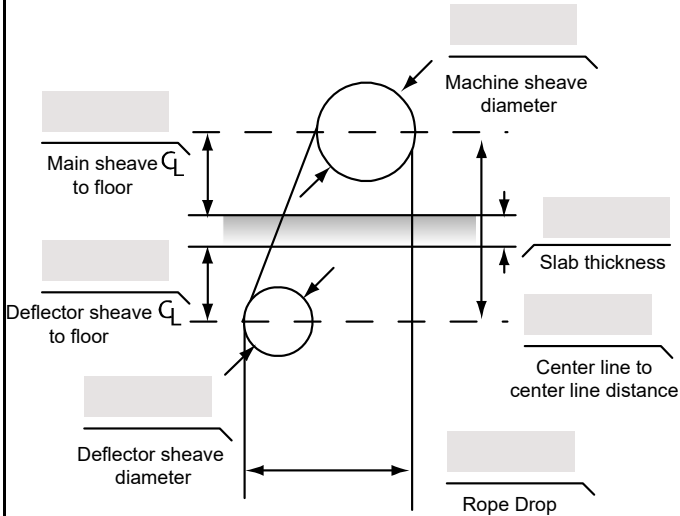
Doc #: JER118 0214

Date Received:

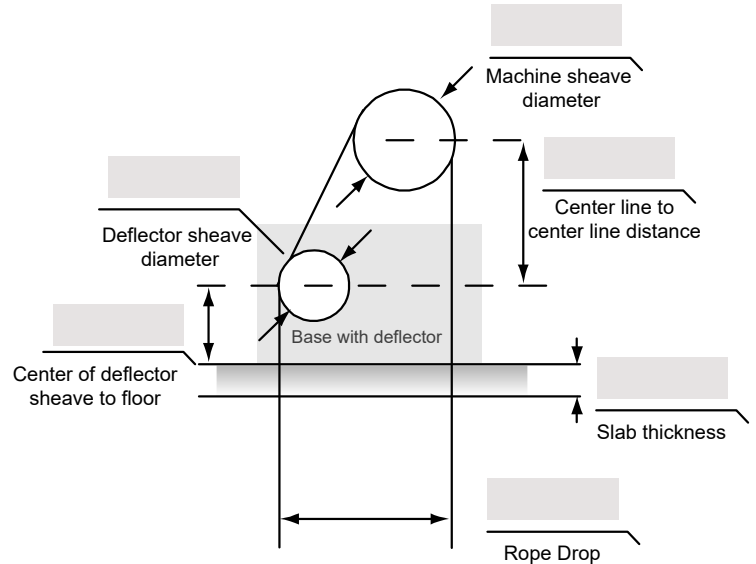
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## Sheave and Rope Drop Information

Standard: Deflector in hoistway

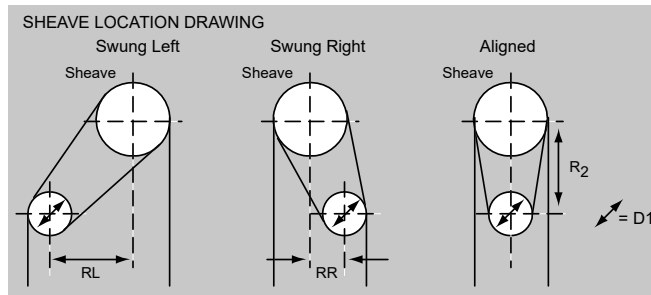


Deflector in machine room



Indicate Alignment:

- RL
- RR
- R2



## Machine Room

This information is required to help determine how much space is available for machine installation, sub base requirements, and structural conditions. Please FAX to MCE.

## Clearance at Machine Location

Distance from mounting surface to first overhead obstruction:

Provide a sketch of the floor plan within a 10-foot radius of the machine site. Show all objects that will be in place when machine is installed. Indicate clearances

## NOTE:

The following pages illustrate deflector sheave location. Check the **SELECT** box only on the page that applies to your installation.



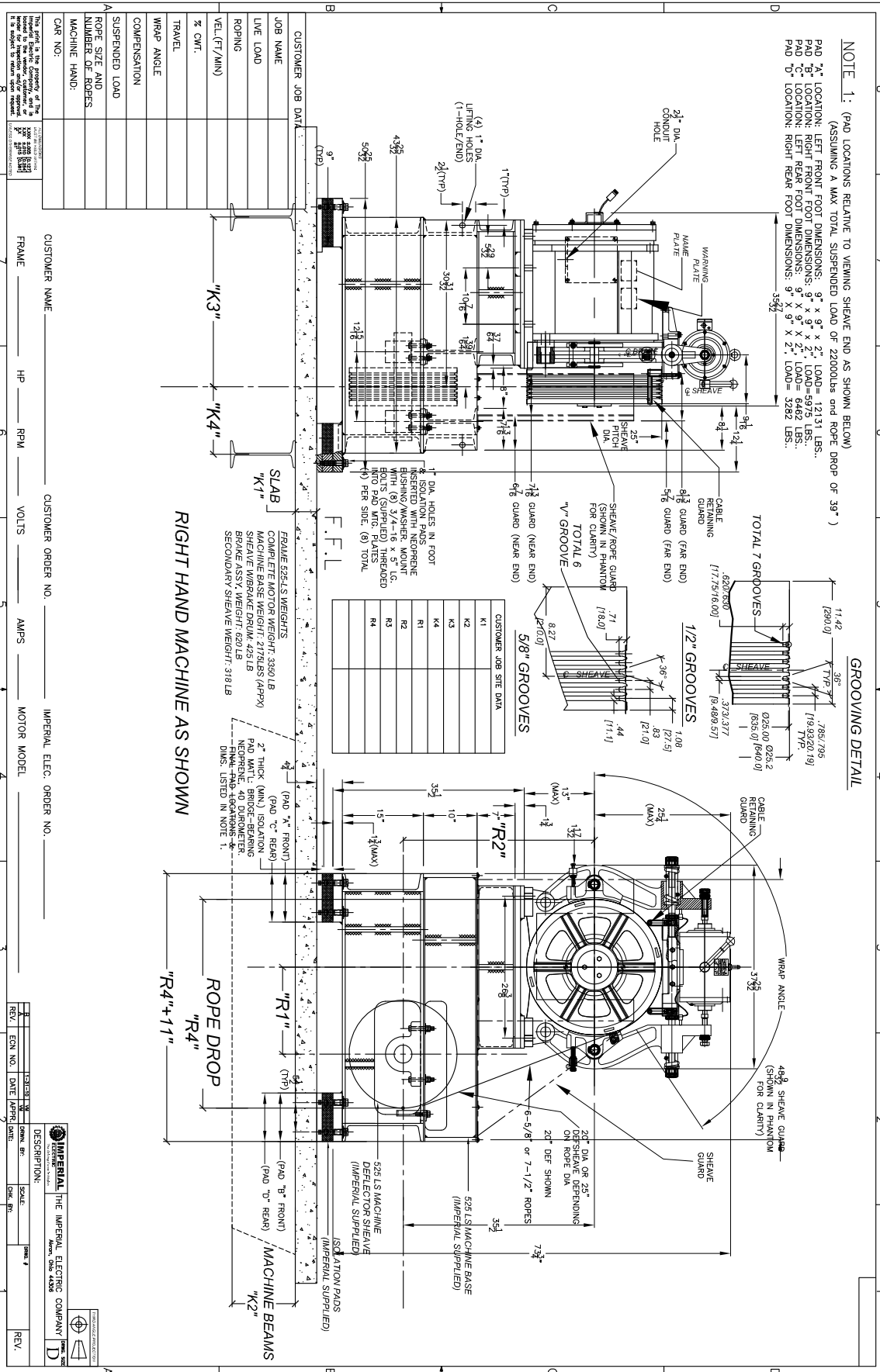
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SELECT BOX



IMPERIAL ELECTRIC COMPANY

