



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

PMAC Gearless Machine Data Forms

MCE Job #: _____ Doc #: JER118 0310
 Date Received: _____ Page 1 of 4

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

Roping

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

Load

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%.

Machine

Machine location: <input type="checkbox"/> Overhead <input type="checkbox"/> Basement <input type="checkbox"/> Side

Options

Rope guards: <input type="checkbox"/> Sheave guard: <input type="checkbox"/>
Isolation pads: <input type="checkbox"/> Dead end Hitch plates (2:1 only): <input type="checkbox"/>
Sub base w/deflector sheave in machine room <input type="checkbox"/>
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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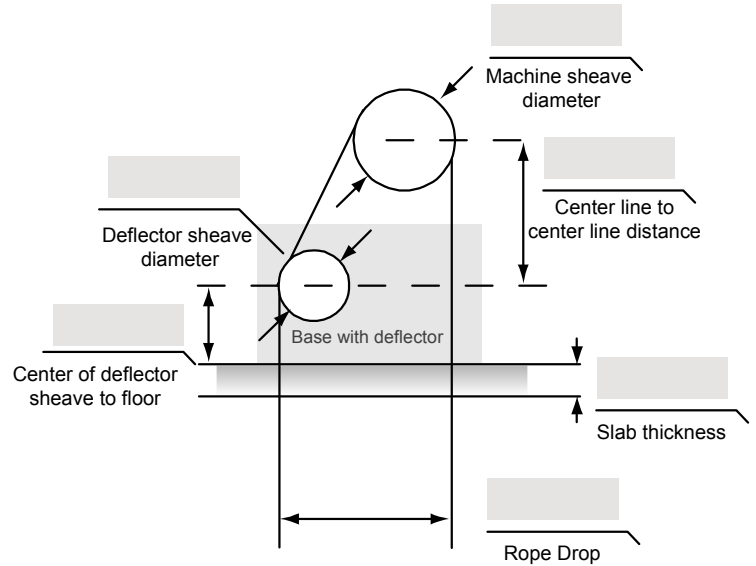
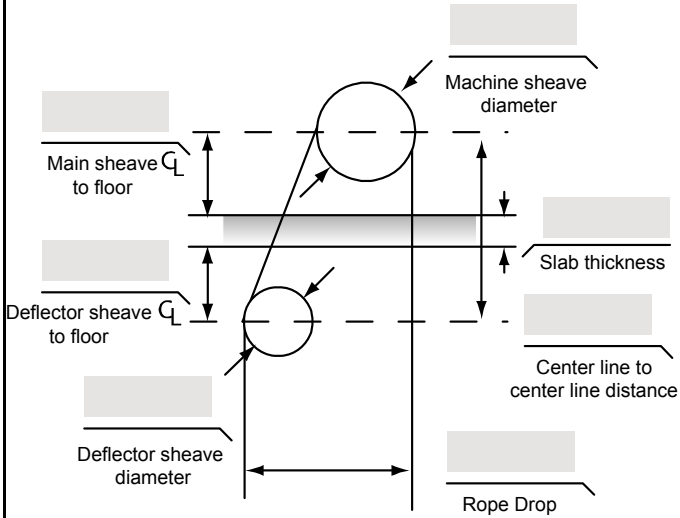
Date Received:

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Sheave and Rope Drop Information

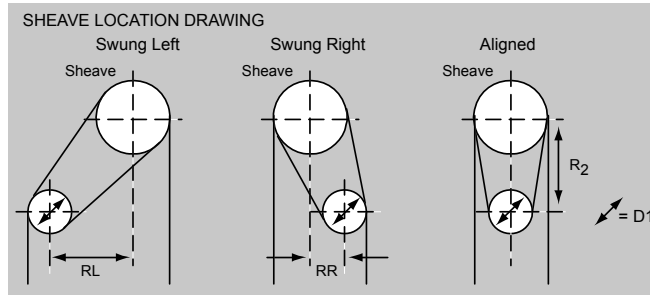
Standard: Deflector in hoistway

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.

