



RFQ FORMS

Traction Passenger Elevator Package

Company: _____
 Contact: _____
 Phone: _____
 Address: _____

 City/State/Zip: _____

Job Name: _____
 Job Location: _____
 Fax: _____
 E-Mail: _____
 Today's Date: _____
 Quote Due Date: _____

- New Construction
- Modernization

Capacity: _____	Landings: _____	Hatch Width: _____	Voltage: _____
Class of Loading: _____	Front Openings: _____	Hatch Depth: _____	Phase: _____
Gross Weight: _____	Rear Openings: _____	Overhead: _____	
Travel: _____	Side Openings: _____	Pit Depth: _____	
Speed: _____			
Electrical Rating: _____	Hoistway: <input type="checkbox"/> * NEMA 1	<input type="checkbox"/> Other: _____	
Machine Room: _____	<input type="checkbox"/> * NEMA 1	<input type="checkbox"/> Other: _____	

*** INDICATES STANDARD MATERIALS**

HATCH MODULE

Include this section in quote

<input type="checkbox"/> Platform: Width: _____	Depth: _____	Sub-Floor Material: <input type="checkbox"/> * 2 Layers 15/32 Plywood
Finish Floor Thickness: _____	<i>(Finished Floor by Others)</i>	Weight: _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> Sling, Brace Rods, Fastener Package		<input type="checkbox"/> Seismic Application Zone: _____
<input type="checkbox"/> Pit Assembly <input type="checkbox"/> Spring Buffers <input type="checkbox"/> Oil Buffers		<input type="checkbox"/> Government Submittal Package
<input type="checkbox"/> Rail Guides: <input type="checkbox"/> Slide <input type="checkbox"/> * Roller <input type="checkbox"/> Swivel		<input type="checkbox"/> Special Paint (Other than MEI Blue)
<input type="checkbox"/> Rail Brackets		<input type="checkbox"/> Certified Engineer Stamp on Drawings
<input type="checkbox"/> =		<input type="checkbox"/> Rail Backing
<input type="checkbox"/> Car Top Inspection Station w/Fire Service		<input type="checkbox"/> Rail Lubricators
<input type="checkbox"/> 3 Maintenance Manuals <input type="checkbox"/> Other Quantity: _____		<input type="checkbox"/> Platform Isolation <input type="checkbox"/> Full <input type="checkbox"/> Partial
<input type="checkbox"/> Engineering / Layout Drawings		Isolation Standards: 6000 lbs. or Less - Fully Isolated
<input type="checkbox"/> Other _____		Over 6000 lbs. - Partially Isolated

DOOR PROTECTION MODULE

Include this section in quote

<input type="checkbox"/> Multi-Beam Curtain (ICU)	<input type="checkbox"/> * Adams "Gatekeeper"	<input type="checkbox"/> Janus Panaforty Plus	<input type="checkbox"/> 3-D Protection
<input type="checkbox"/> Photo-Eye(s)	<input type="checkbox"/> Other: _____		

ENTRANCE MODULE

Include this section in quote

Hoistway Wall Thickness: _____	<input type="checkbox"/> Block	<input type="checkbox"/> Drywall
Jamb Construction: <input type="checkbox"/> * Binder	<input type="checkbox"/> Welded / Mitered	<input type="checkbox"/> Other: _____
Jamb Finish: <input type="checkbox"/> * Enamel / Primed	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Bronze <input type="checkbox"/> #4 <input type="checkbox"/> #8
Door Finish: <input type="checkbox"/> * Enamel / Primed	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Bronze <input type="checkbox"/> #4 <input type="checkbox"/> #8
Transom: <input type="checkbox"/> * Standard	<input type="checkbox"/> Flush	<input type="checkbox"/> Off-Set _____
Sills: <input type="checkbox"/> * Aluminum	<input type="checkbox"/> Nickel-Silver	<input type="checkbox"/> Bronze <input type="checkbox"/> Cast Iron
Other: <input type="checkbox"/>		Height of Transom _____
Miscellaneous: <input type="checkbox"/> Sound-Deaden Doors	<input type="checkbox"/> Sound-Deaden Frames	<input type="checkbox"/> Weather-Stripping
<input type="checkbox"/> Groutless Sill Angles	<input type="checkbox"/> Stud-Mount Braille	<input type="checkbox"/> Structural Struts / Headers

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JOB NAME:

DOOR EQUIPMENT MODULE

Include this section in quote

- * GAL * Standard Duty Medium Duty Heavy Duty Closed-Loop
- MAC Other: _____

CAB MODULE

Include this section in quote

- Shell: * Wood Care Steel #4 Stainless Steel Other: _____
- Walls: * Plastic Laminate Removable Panels Applied Panels *If Panels, Choose Reveal Finish*
- Enamel Stainless Steel Bronze #4 #8
- Rimex 5SM Patterned Stainless Steel Other: _____
- Reveals: Enamel / Primed Stainless Steel Bronze #4 #8
- Return(s): * Std Swing Panel Stationary Full Swing
- Enamel * Stainless Steel Bronze #4 #8
- Door(s): Width: _____ Single-Slide 2-Speed Center-Opening
- Height: _____ 2-Speed Center-Opening Enamel / Primed Laminate
- Sill(s): * Stainless Steel Bronze Rimex 5SM #4 #8
- * Aluminum Nickel-Silver Bronze Other: _____
- Handrail: * 1/2" x 1 1/2" Tube 3/8" x 2" Solid * Back Wall Side Wall(s)
- * Stainless Steel Bronze #4 #8 Other: _____
- Ceiling: * Aluminum Frame w/Lexan Diffuser & Fluorescent Lights
- Dropped Island Stainless Steel Bronze #4 #8
- Enamel Laminate Other: _____
- Downlights Qty: _____ High Voltage Low Voltage
- Cab Height: * 8 Feet Other: _____
- Em. Light: * In Car Operating Panel In Cab Ceiling Incorporated Into Regular Cab Lights
- Fan: * 1 Speed 2 Speed Morrison OE Blower Morrison AA Blower Other: _____
- Options: Pads Hooks Stainless Steel Door Kickplate Stainless Steel Wall Base
- Certificate Frame Emergency Exit Switch Emergency Exit Lock
- Other: _____

TRACTION MACHINE MODULE

Include this section in quote

Machine Location:

- Roping: Overhead Basement
- Drive: 1:1 2:1
- Equipment: VV/VF/AC DC-SCR DC/MG Set
- Machine Hoist Motor Encoder / Tachometer
- Main Ropes Governor Rope Rope Shackles (*Wedge- Type*)
- Governor / Tension Weight Sheaves
- Car Safety Type A Type B
- Counterweight Safety Type A Type B (*Required if Occupied Space Below Hoistway*)
- Counterweight Frame Counterweight Filler Weights

Other: _____

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JOB NAME: _____

CONTROLLER MODULE

Include this section in quote

- | | | | |
|---------------|--|---|--|
| Manufacturer: | <input type="checkbox"/> * Elevator Controls (EC) | <input type="checkbox"/> Vertitron Midwest, Inc. (VMI) | <input type="checkbox"/> Other: _____ |
| Logic: | <input type="checkbox"/> * Microprocessor | <input type="checkbox"/> * Closed-Loop | <input type="checkbox"/> Open-Loop |
| Operation: | <input type="checkbox"/> * Selective-Collective | <input type="checkbox"/> * Simplex | <input type="checkbox"/> Duplex |
| | <input type="checkbox"/> Group Operation | <input type="checkbox"/> Call-Send | |
| Features: | <input type="checkbox"/> * Phase I & II Fire Service | <input type="checkbox"/> * Independent Service | <input type="checkbox"/> * Nudging |
| | <input type="checkbox"/> * Tape Selector | <input type="checkbox"/> Homing | <input type="checkbox"/> Attendant Service |
| | <input type="checkbox"/> On-Board Diagnostics | <input type="checkbox"/> Machine Room Monitor & Keyboard | <input type="checkbox"/> Hall Lanterns |
| | <input type="checkbox"/> Anti-Nuisance | <input type="checkbox"/> Emergency Generator Interface | <input type="checkbox"/> Lobby Panel Interface |
| | <input type="checkbox"/> Load-Weighing | <input type="checkbox"/> Inconspicuous Riser | <input type="checkbox"/> EMT Service - Code Blue |
| | <input type="checkbox"/> Hospital Service | <input type="checkbox"/> Keyed Security: <input type="checkbox"/> Car <input type="checkbox"/> Hall | |
| | <input type="checkbox"/> Card-Reader Interface | <input type="checkbox"/> Other: _____ | |

FIXTURE MODULE

Include this section in quote

- | | | | |
|-----------|--|--|---|
| Type: | <input type="checkbox"/> * Standard Swing Panel | <input type="checkbox"/> Stationary (Applied) Panel | <input type="checkbox"/> Full Swing |
| Style: | <input type="checkbox"/> * Square Buttons | <input type="checkbox"/> Round Buttons | <input type="checkbox"/> Vandal-Resistant Buttons |
| Finish: | <input type="checkbox"/> * Stainless Steel | <input type="checkbox"/> Bronze | <input type="checkbox"/> * #4 <input type="checkbox"/> #8 |
| Features: | <input type="checkbox"/> * Car Position Indicator | <input type="checkbox"/> * 2" Digital Dot Matrix | <input type="checkbox"/> Multi-Light |
| | <input type="checkbox"/> Hall Position Indicator(s): _____ | <input type="checkbox"/> * 2" Digital Dot Matrix | <input type="checkbox"/> Multi-Light |
| | <input type="checkbox"/> * Car Lantern(s) | <input type="checkbox"/> Hall Lanterns | <input type="checkbox"/> Certificate Frame |
| | <input type="checkbox"/> * Hall Stations | <input type="checkbox"/> EMT Service - Code Blue | <input type="checkbox"/> Hospital Service |
| | <input type="checkbox"/> * ADA Hands-Free Phone | <input type="checkbox"/> Phone Cabinet | <input type="checkbox"/> Service Cabinet |
| | <input type="checkbox"/> * Top Access Keypad | <input type="checkbox"/> Independent Service Keypad | <input type="checkbox"/> Photo-Eye Keypad |
| | <input type="checkbox"/> * Bottom Access Keypad | <input type="checkbox"/> Emergency Light Test Button | <input type="checkbox"/> 120 VAC Outlet |
| | <input type="checkbox"/> * Inspection Keypad | <input type="checkbox"/> Card-Reader Cut-Out | <input type="checkbox"/> Fireman's Phone Jack |
| | <input type="checkbox"/> * Fan Keypad | <input type="checkbox"/> Special Engraving: _____ | |
| | <input type="checkbox"/> * Light Keypad | <input type="checkbox"/> Other: _____ | |
| | <input type="checkbox"/> Auxiliary Car Operating Panel | <input type="checkbox"/> Other: _____ | |

WIRING MODULE

Include this section in quote

- | | | |
|--|--|-----------------|
| <input type="checkbox"/> * Standard Package w/ 3 pair shielded cable | | |
| <input type="checkbox"/> Additional Pair Shielded Quantity: _____ | <input type="checkbox"/> Additional Coaxial Cable - RG59U, | Quantity: _____ |
| <input type="checkbox"/> Coaxial Cable - RG59U (Qty. 1) | | |
| <input type="checkbox"/> Other (Explain): _____ | | |

RAIL MODULE

Include this section in quote

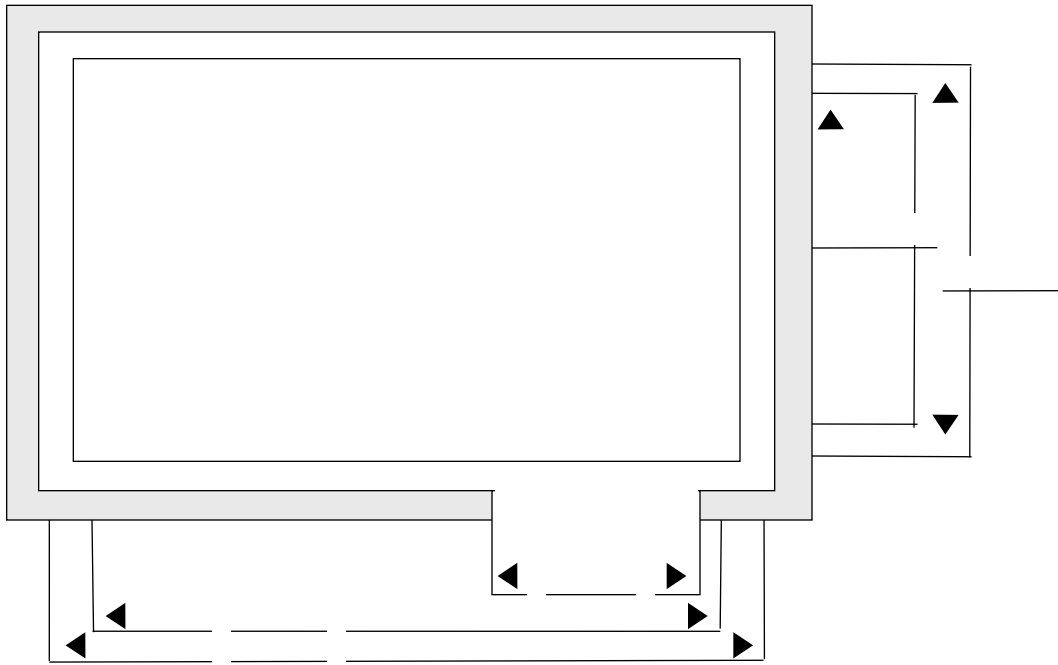
T-Shaped Rails are Provided

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JOB NAME:

ELEVATOR DATA



Enter floor markings & travel for each floor served

Overhead		
12		12
11		11
10		10
9		9
8		8
7		7
6		6
5		5
4		4
3		3
2		2
1		1
Pit Depth		
	Front	Rear

Arch. Prints Available? Yes No

STANDARD EXCEPTIONS

No Power Disconnects
 No Sill Support Angles
 No Inserts
 No Machine Beams

No Pit Ladder
 No Intercom System
 No Rail Mounting Beams
 No Finish Floor Covering

No Hall Fire Signs
 No Smoke Detection
 No Rail Backing

SPECIAL REQUIREMENTS

- Liquidated Damages: Explain: _____
- Special Code(s): Explain: _____
- WBE/MBE: Explain: _____
- Buy American Act: Explain: _____
- U.S. Steel: Explain: _____
- Federal Acquisition Regulations: Explain: _____

CUSTOMER APPROVAL

THE UNDERSIGNED HEREBY ACKNOWLEDGE THAT THE "TAKE-OFF ORDER SHEET" DATA CONTAINED HEREIN IS CORRECT.

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