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

Escalator Data Forms

MCE Job #:	Doc #: JER116 0507
Date Received:	Page 1 of 3

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 order. If you require special terms of payment, please fill out the Alternative Payment Schedule information on this page.

Control	Delivery Date	Payment Date
Escalator		
Escalator		
Escalator		
Escalator		
Escalator		
Escalator		
Escalator		
Escalator		
Escalator		

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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ENGINEERING DATA

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 escalators:
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

Consultant

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:
Cell:	Email:
Company name:	
Signature:	

Escalator Safety Code Compliance

Accurate information is essential. Both hardware and software are affected.

Job location (city/state):

Contract date:

Project Type: ☐ New construction ☐ Modernization

Measurements: ☐ U.S./English ☐ S.I./Metric

U.S. compliance

☐ ASME A17.1-2004
Addenda: (Check all that apply)
☐ ASME A17.1a-2005

☐ ASME A17.1-2000
Addenda: (Check all that apply)
☐ ASME A17.1a-2002 ☐ ASME A17.1b-2003

☐ ASME A17.1-1996
Addenda: (Check all that apply)
☐ ASME A17.1a-1997 ☐ ASME A17.1b-1998
☐ ASME A17.1c-1999 ☐ ASME A17.1d-2000

International compliance

☐ Australia AS 1735.5-2003
☐ Canada CSA B44-04
☐ Canada CSA-B44-00
☐ Canada CAN/CSA-B44-94 with '97 supplement
☐ European BS EN 115
☐ Other:

Additional state or local code compliance

☐ California
☐ Chicago
☐ GSA
☐ Hawaii
☐ Maryland
☐ Michigan ☐ Detroit
☐ New York State ☐ New York City ☐ White Plains
☐ Nassau County
☐ Pennsylvania
☐ Washington DC
☐ Other:
☐ Additional Compliance Requirements?
Explain: _____

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CONTROLLER DATA

General Information

Speed:	Escalator length:
Escalator step width:	
Motor Control Type: ☐ Wye-Delta ☐ ATL (Across the Line) ☐ VVVF Drive ☐ Remote Drive (if VVVF)	
Machinery space dimension (top):	
Separate control cabinet in bottom machinery space: ☐ Yes ☐ No If yes, machinery space dimensions (bottom):	
Machinery spaces NEMA rating: ☐ 1 ☐ 12 ☐ 4 ☐ 4X	
Line voltage available:	
Line voltage, measured:	
☐ AC 3 Phase (symmetrical w/respect to ground) ☐ AC 3 Phase (grounded leg Delta configuration)* ☐ AC 2 Phase ☐ AC single Phase ☐ 50 Hz ☐ 60 Hz ☐ DC	

* Isolation transformer required with VVVF drive

AC Motor

☐ Existing ☐ New ☐ New (by MCE)
Brand:
Voltage: HP:
FL Current: _____ FL RPM: _____ Sync RPM: _____ (For 2-speed motor, measure high speed winding.)
Additional nameplate data:

Machine and Brake

Machine: ☐ Existing ☐ New ☐ Direct Connect ☐ Chain Drive
Brake: ☐ Existing ☐ New ☐ PM 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: ☐ Yes ☐ No Contact type: ☐ Normally Open ☐ Normally closed

Main Drive Shaft Brake ☐ Yes ☐ No

Brake: ☐ Existing ☐ New 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: ☐ Yes ☐ No Contact type: ☐ Normally Open ☐ Normally closed

Operating Features

Plug-in, portable control station: ☐ Yes ☐ No ☐ Top ☐ Bottom (separate control cabinet required)
Inspection control station (top of cabinet): ☐ Yes ☐ No
LED control panel (top of cabinet): ☐ Yes ☐ No
Energy saving operation (VVVF only): ☐ Yes ☐ No
Tandem operation: ☐ Yes ☐ No
Auto chain lubrication operation: ☐ Yes ☐ No Pump motor voltage: _____ Current: Electromagnetic value voltage: Current:
Display module: ☐ Yes ☐ No Up/down arrows: ☐ Stop signal: ☐ Other:
Voice annunciation: ☐ Yes ☐ No
Smoke detectors: ☐ Yes ☐ No
Remote monitoring: ☐ Yes ☐ No Connectivity: ☐ Line driver ☐ Ethernet
Alarm bell voltage: (24VDC standard)
Step lights voltage:
Comb light voltage:
Demarcation light voltage: