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Marcatura CE delle strutture metalliche
 secondo la norma EN 1090-1:2009+A1:2011
 con FPC-1370-CPR-1419

CLIENT _____

QUOTATION

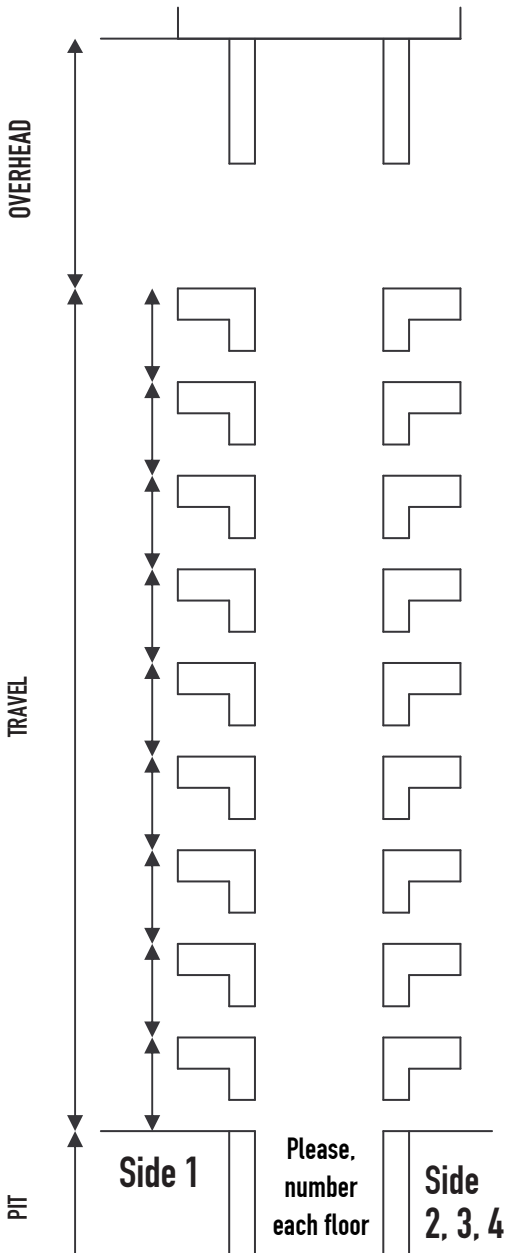
ORDER

No. Lift/System _____

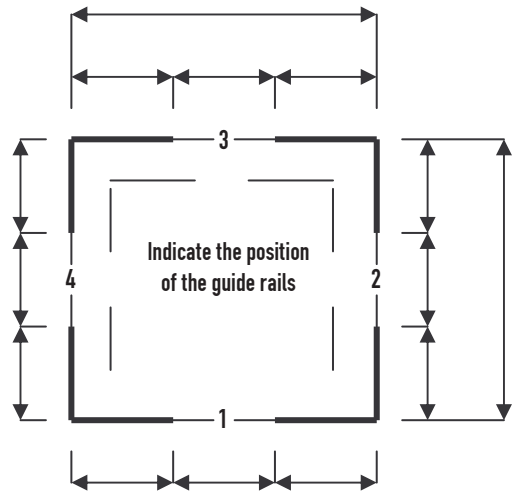
General details	BUILDING TYPE _____ HOISTWAY _____ Shaft dimensions: W in mm: _____ x D in mm: _____
	SYSTEM _____ LOAD Kg: _____ accesses n. _____ LANDINGS _____ services n. _____
Lift Shaft Structure	PIT in mm: _____ TRAVEL in mm: _____ OVERHEAD in mm: _____ SPEED m/s: _____
	LIFT TYPE _____ CMA PROJECT YES <input type="checkbox"/> NO <input type="checkbox"/>
Hydraulic	INTERNAL: <input type="checkbox"/> EXTERNAL: <input type="checkbox"/> NOT SUPPLIED <input type="checkbox"/>
	PAINTED: rustproof <input type="checkbox"/> RAL <input type="checkbox"/> micaceous iron <input type="checkbox"/> side frame YES <input type="checkbox"/> NO <input type="checkbox"/> Materials: _____
Electrical/MRL	INFILL: glass prearrangement <input type="checkbox"/> glass supply request <input type="checkbox"/> PLASTIC COATED SHEET <input type="checkbox"/> STEEL <input type="checkbox"/>
	NOTES: _____
Mechanics	CONTROL UNIT TYPE: _____ STARTING: Direct <input type="checkbox"/> Star-delta <input type="checkbox"/> Soft starter <input type="checkbox"/>
	PISTON QTY _____ PIECES N. _____ CONDUIT: RIGID <input type="checkbox"/> FLEXIBLE <input type="checkbox"/> LENGTH in mm: Rigid _____ Flexible _____
Landing Doors	EXCHANGER: YES <input type="checkbox"/> NO <input type="checkbox"/> OIL HEATING RESISTOR YES <input type="checkbox"/> NO <input type="checkbox"/> CABINET YES <input type="checkbox"/> NO <input type="checkbox"/> OLIO: YES <input type="checkbox"/> NO <input type="checkbox"/>
	NOTES: _____
Car	MOTOR _____ ROPING _____ POWER: _____ ROPES LOWERING: _____
	STAND/SUPPORT YES <input type="checkbox"/> NO <input type="checkbox"/> DIVERTER PULLEY YES <input type="checkbox"/> NO <input type="checkbox"/> BRAKE: _____
Electrical part	COUNTERWEIGHT KG: _____ TENSION WEIGHTS YES <input type="checkbox"/> NO <input type="checkbox"/> CARGO CONTROL: YES <input type="checkbox"/> NO <input type="checkbox"/>
	NOTES: _____
Mechanics	TYPE: _____ GUIDES: _____ BRAKETS: YES <input type="checkbox"/> NO <input type="checkbox"/> FASTENING: _____ CAR DBG _____
	C/WEIGHT: _____ GUIDES: _____ BRAKETS: YES <input type="checkbox"/> NO <input type="checkbox"/> FASTENING: _____ C/WEIGHT DBG _____
Landing Doors	TYPE: _____ OPENING mm: _____ UPRIGHTS mm: _____ CROSSBEAM mm: _____
	DOOR FINISH: _____ FRAME FINISH: _____
Car	OPERATION PANEL POSITION: on frame <input type="checkbox"/> on wall <input type="checkbox"/> OVERTRAVEL: YES <input type="checkbox"/> NO <input type="checkbox"/> THRESHOLD _____
	LANDING DOOR OPERATOR _____ DOORS EI: 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> FINISH _____
Car	MODEL: _____ MEASUREMENTS W: _____ D: _____ H: _____ ACCESSES: _____
	WALLS: Plastic Coated sheet <input type="checkbox"/> Plastic laminate <input type="checkbox"/> Steel <input type="checkbox"/> TYPE: _____ COLOUR: _____
Electrical part	FLOOR: Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> FLOOR TYPE: _____
	CORNERS: _____ SKIRTING: _____ LIGHTING: _____
Car	HANDRAIL: _____ CAR OPERATING PANEL: Vertical Panel <input type="checkbox"/> Plate <input type="checkbox"/> Counter panel <input type="checkbox"/>
	MIRROR: 1/2 <input type="checkbox"/> whole <input type="checkbox"/> excluded/no mirror <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Back <input type="checkbox"/> GLASS 1/2 <input type="checkbox"/> Whole <input type="checkbox"/> excluded/no mirror <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Back <input type="checkbox"/>
Electrical part	DOOR TYPES: _____ OPENING: _____ LIGHT DIMENSION: _____
	DOORS FINISHES: _____ OPERATOR: _____ OVERTRAVEL: YES <input type="checkbox"/> NO <input type="checkbox"/>
Car	ACCESSORIES: Single beam photocell <input type="checkbox"/> Barrier <input type="checkbox"/> Extractor fan <input type="checkbox"/> Hatch <input type="checkbox"/> additional parapets <input type="checkbox"/> Folding seat <input type="checkbox"/> Bumper _____
	NOTES: _____
Electrical part	BRAND: _____ PANEL ONLY <input type="checkbox"/> PREWIRED <input type="checkbox"/> NOT PRE-WIRED <input type="checkbox"/>
	OPERATION: _____ LAW 13: YES <input type="checkbox"/> NO <input type="checkbox"/> SOFT START: <input type="checkbox"/> <input type="checkbox"/>
Electrical part	CAR: Panel <input type="checkbox"/> Plate <input type="checkbox"/> FINISH: _____ Key Switch: YES <input type="checkbox"/> NO <input type="checkbox"/> N.: _____
	DISPLAY: STANDARD <input type="checkbox"/> LCD <input type="checkbox"/> MPI <input type="checkbox"/> TFT <input type="checkbox"/> PLATE: STANDARD <input type="checkbox"/> LEM <input type="checkbox"/>
Electrical part	FLOORS: Plate Type: _____ FINISH _____ On Frame <input type="checkbox"/> On wall <input type="checkbox"/>
	DISPLAY: Main Floor <input type="checkbox"/> All floors <input type="checkbox"/> Present <input type="checkbox"/> Flashing alarm <input type="checkbox"/> Key Switch: YES <input type="checkbox"/> NO <input type="checkbox"/> N.: _____
Electrical part	EMERGENCY FLOOR RETURN: With Door re-opening <input type="checkbox"/> Without door re-opening <input type="checkbox"/> Without emergency <input type="checkbox"/>
	ACCESSORIES: GSM <input type="checkbox"/> Speech <input type="checkbox"/> EN81.70 <input type="checkbox"/> Fire Operation <input type="checkbox"/> Photocell <input type="checkbox"/> Barrier <input type="checkbox"/>
Electrical part	NOTES: _____
	NOTES: _____

SURVEY EVALUATION SHEET

Shaft Section



Diagram



	Supporting		Concrete	Bricks	Shaft Structure
	YES	NO			
SIDE 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIDE 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIDE 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIDE 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MACHINE ROOM

MASONRY CABINET ADJACENT

or in mm _____ from the hoistway

SIDE 1 2 3 4

ON FLOOR N° _____

COMMERCIAL INFORMATION

Delivery time _____

Delivery Address _____

Transport _____

Note _____

DATE _____

Authorising signature and company stamp