



CMAlifts®

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CLIENT _____

OFFER

ORDER

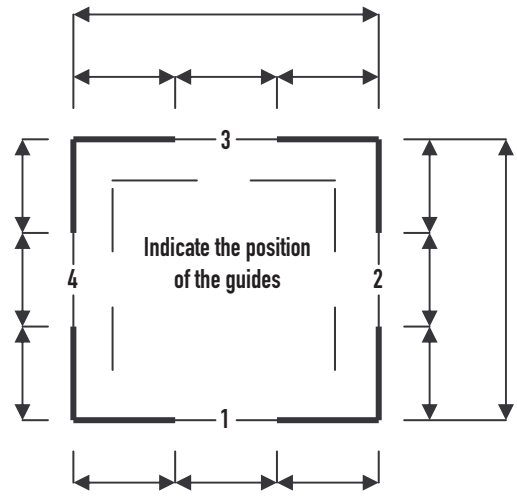
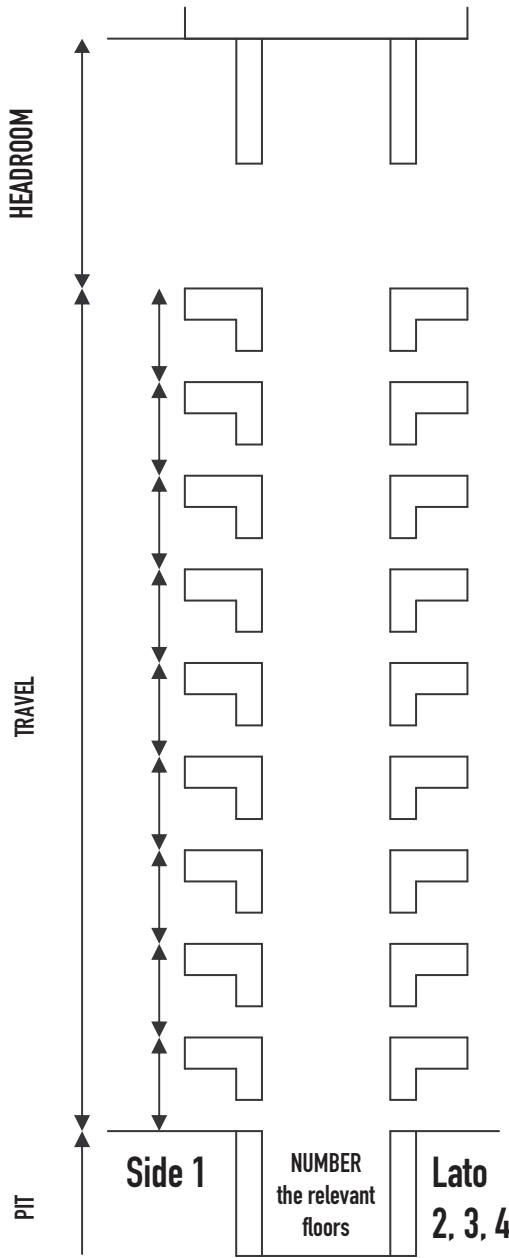
No. Lift/System _____

General details	BUILDING TYPE _____ HOISTWAY _____ Shaft dimensions: W in mm: _____ X D in mm: _____ OPERATION _____ LOAD Kg: _____ N° accesses: _____ N° STOPS: _____ N° services: _____ PIT in mm: _____ TRAVEL in mm: _____ HEADROOM in mm: _____ SPEED in m/s: _____ TYPE OF PLANT: _____ CMA PROJECT: YES <input type="checkbox"/> NO <input type="checkbox"/> NOTE: _____
Lift Shaft Structure	INTERNAL: <input type="checkbox"/> EXTERNAL: <input type="checkbox"/> NOT PROVIDED: <input type="checkbox"/> Doors car PAINTED: rustproof <input type="checkbox"/> RAL <input type="checkbox"/> micaceous iron <input type="checkbox"/> frame side sheet: YES <input type="checkbox"/> NO <input type="checkbox"/> Materials: _____ INFILL: CRYSTAL SET UP <input type="checkbox"/> CRYSTAL SUPPLY <input type="checkbox"/> SKINPLATE <input type="checkbox"/> STEEL <input type="checkbox"/> NOTES: _____
Hydraulic	CONTROL UNIT TYPE: _____ STARTING: Direct <input type="checkbox"/> Star-delta <input type="checkbox"/> Soft starter <input type="checkbox"/> N. PISTON: _____ QUANTITY _____ CONDUIT: RIGID <input type="checkbox"/> FLEXIBLE <input type="checkbox"/> LENGHT in mm: Rigid _____ Flexible _____ EXCHANGER: YES <input type="checkbox"/> NO <input type="checkbox"/> RESISTANCE OIL HEATER: 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: _____
Electrical/MRL	MACHINE: _____ HOIST: _____ POWER: _____ ROPES LOWERING: _____ GANTRY: YES <input type="checkbox"/> NO <input type="checkbox"/> REMITTAL PULLEY: YES <input type="checkbox"/> NO <input type="checkbox"/> BRAKE: _____ COUNTERWEIGHT KG: _____ TENSION WEIGHT LIMITING DEVICE: YES <input type="checkbox"/> NO <input type="checkbox"/> KARGO CONTROL: YES <input type="checkbox"/> NO <input type="checkbox"/> NOTES: _____
Mechanics	TYPE: _____ GUIDE: _____ BRAKETS: YES <input type="checkbox"/> NO <input type="checkbox"/> FASTENING: _____ DTG CAR: _____ C/WEIGHT: _____ GUIDE: _____ BRAKETS: YES <input type="checkbox"/> NO <input type="checkbox"/> FASTENING: _____ DTG C/WEIGHT: _____ NOTES: _____
Landing Doors	TYPE: _____ OPENING in mm: _____ COLUMNS in mm: _____ LINTEL in mm: _____ DOOR FINISHING: _____ FRAME FINISHING: _____ CONTROL PANEL POSITION: on frame <input type="checkbox"/> on wall <input type="checkbox"/> OVERTRAVEL: YES <input type="checkbox"/> NO <input type="checkbox"/> DOORWAY: _____ TYPE OF LANDING DOOR HANGER: _____ DOORS EI: 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> FINISHING: _____ NOTES: _____
Car	MODEL: _____ DIMENSION: W: _____ D: _____ H: _____ ACCESSES: _____ WALLS: Skinplate <input type="checkbox"/> Plastic laminate <input type="checkbox"/> Steel <input type="checkbox"/> TYPE: _____ COLOUR: _____ FLOOR: Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> FLOOR TYPE: _____ CORNERS: _____ SKIRTING: _____ LIGHTING: _____ HANDRAIL: _____ CONTROL PANEL: Column <input type="checkbox"/> Plate <input type="checkbox"/> Counter column <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"/> CRYSTAL: 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"/> DOOR TYPES: _____ OPENING: _____ LIGHT DIMENSION: _____ DOORS FINISHING: _____ OPERATOR: _____ OVER TRAVEL: YES <input type="checkbox"/> NO <input type="checkbox"/> ACCESSORIES: Photocell Single beam <input type="checkbox"/> Barrier <input type="checkbox"/> Extractor fan <input type="checkbox"/> manhole <input type="checkbox"/> additional parapets <input type="checkbox"/> Bucket seat <input type="checkbox"/> Anti-shock band: _____ NOTES: _____
Electrical part	BRAND: _____ PANEL ONLY <input type="checkbox"/> PREWIRED <input type="checkbox"/> NO-WIRED <input type="checkbox"/> OPERATION: _____ LAW 13: YES <input type="checkbox"/> NO <input type="checkbox"/> SOFT START: <input type="checkbox"/> <input type="checkbox"/> CAR: Column <input type="checkbox"/> Plate/Slab <input type="checkbox"/> FINISHING: _____ Key Contact: 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"/> FLOORS: Plate Type: _____ FINISHING: _____ On Frame <input type="checkbox"/> 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 Contact: YES <input type="checkbox"/> NO <input type="checkbox"/> N.: _____ RETURN TO FLOOR IN EMERGENCY: 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"/> Firemen Operation <input type="checkbox"/> Photocell <input type="checkbox"/> Barrier <input type="checkbox"/> NOTES: _____

SURVEY EVALUATION CARD

Shaft Section

Shaft Plant



	Load Bearing		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° _____

Side 1 NUMBER the relevant floors Lato 2, 3, 4

COMMERCIAL INFORMATION

Delivery time _____

Delivery Address _____

Transport _____

Note _____

DATE _____

Stamp and signature for acceptance _____