



**FAX YOUR REQUEST TO: 1-416-245-8502**

<u>PROJECT INFORMATION</u>	
PROJECT NAME:	GROUP I.D.
PROJECT ADDRESS:	
PROJECT CITY:	
PROJECT REFERENCE #	
COMPANY NAME:	
COMPANY ADDRESS:	
CITY:	

## Car Operating Panel Survey

### CAR OPERATING PANEL SURVEY

Floor Markings:	
Front Stops at	
Rear Stops at (if Applicable):	
Main Egress Level:	Alternate Recall Level :

### CAB INFORMATION (ENGRAVED):

### EXISTING CONDITIONS:

Gov't No.	Capacity	Car No.	COP Width
			COP Height:
			Top of COP from Floor
			Front Return Width
			Front Return Depth

### CAR STATION TYPE:

Applied COP	Main	Qty: <input type="checkbox"/>	Auxiliary	Qty: <input type="checkbox"/>	Back Box Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Swing Type COP	Main	Qty: <input type="checkbox"/>	Auxiliary	Qty: <input type="checkbox"/>	Back Box Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### CAR STATION MATERIAL:

#4 Stainless	<input type="checkbox"/>	#8 Stainless	<input type="checkbox"/>	#4 Brass	<input type="checkbox"/>	#8 Brass	<input type="checkbox"/>
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### MAD STANDARD PUSHBUTTON :

MAD BP	Classic <input type="checkbox"/>	Disc <input type="checkbox"/>	Moon <input type="checkbox"/>	California <input type="checkbox"/>	Colour	Blue <input type="checkbox"/>	Amber <input type="checkbox"/>	Red <input type="checkbox"/>
MAD BS	Classic <input type="checkbox"/>	Disc <input type="checkbox"/>	Moon <input type="checkbox"/>	California <input type="checkbox"/>	Colour	Blue <input type="checkbox"/>	Amber <input type="checkbox"/>	Red <input type="checkbox"/>
MAD BL	"B" <input type="checkbox"/>	"F" <input type="checkbox"/>	"K" <input type="checkbox"/>	"Q" <input type="checkbox"/>	Colour	Blue <input type="checkbox"/>	Amber <input type="checkbox"/>	Red <input type="checkbox"/>



**MAD DUAL ILLUMINATION PUSHBUTTON:**

MAD BD	"B" <input type="checkbox"/>	"F" <input type="checkbox"/>	"K" <input type="checkbox"/>	Colour	Blue/Amber <input type="checkbox"/>	Amber/Blue <input type="checkbox"/>	Red/Blue <input type="checkbox"/>
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**VOLTAGE / FORMAT (Specify AC/DC, +/- Common):**

To Pushbuttons:	To Position Indicator	To Car Direction Lantern:
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**TACTILE / BRAILLE TAG TYPE:**

TYPE:	MAD Surround and Braille <input type="checkbox"/>	STENCIL CUT	Round <input type="checkbox"/>	Square <input type="checkbox"/>	Slimline <input type="checkbox"/>		
MAD Caesar	Illuminated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Illuminated Colour:	Blue <input type="checkbox"/>	Amber <input type="checkbox"/>	Red <input type="checkbox"/>

**AUTO-DIALER / PHONE:**

Auto dialer Requirements:	Integral <input type="checkbox"/>	Cabinet <input type="checkbox"/>	Phone Supplied By:	MAD <input type="checkbox"/>	Client <input type="checkbox"/>
MAD Supplied Phone	WEBB OEM150A <input type="checkbox"/>	EMS <input type="checkbox"/>	Rath Microtec <input type="checkbox"/>	K-Tech <input type="checkbox"/>	
Other Phone Make:			Other Phone Model #:		

**VOICE ANNUNCIATION UNIT:**

Voice Unit Requirements:	Mad Provided <input type="checkbox"/>	Client Supplied <input type="checkbox"/>	Not required <input type="checkbox"/>	
Voice Annunciator Type:	CE Micro-Com <input type="checkbox"/>	CE Other <input type="checkbox"/>	Tru-Do <input type="checkbox"/>	Other <input type="checkbox"/>
Other Annunciator Model#				
Other Annunciator Make:				

**CAR POSITION INDICATOR :**

Indicator Requirements:	<input type="checkbox"/> Not required	<input type="checkbox"/> Supplied by MAD	<input type="checkbox"/> Customer Supplied
Indicator Location:	<input type="checkbox"/> Integral to COP	<input type="checkbox"/> Transom over Entrance	<input type="checkbox"/> Blank Plate Req'd
C.E. Indicator Type	<input type="checkbox"/> 2" DOT Matrix	<input type="checkbox"/> 2" 16 Segment	<input type="checkbox"/> Multi-Light <input type="checkbox"/> Other
Floor Passing Chime	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Transom Indicator Plate:	Width	Height	Hole C/L

Blank Cover Plate Size:	Width	Height	Hole C/L
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**CARD READER:**

Not Required	<input type="checkbox"/>	Retain Surface Mount	<input type="checkbox"/>	Retain Flush Mount	<input type="checkbox"/>	Plexi Screen only	<input type="checkbox"/>
Provisions only	<input type="checkbox"/>	Card Reader Make:			Card Reader Model:		



**FIRE SERVICE / EMERGENCY RECALL:**

<b>Code Standard</b>	<b>B44/ANSI-98 or earlier</b> <input type="checkbox"/>	<b>B44/ANSI-00</b> <input type="checkbox"/>	<b>B44/ANSI-04</b> <input type="checkbox"/>
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<b>Fire Service Key Codes:</b>	MAD 4003 <input type="checkbox"/>	OTIS UTF <input type="checkbox"/>	NATIONAL MFD-1/ACE <input type="checkbox"/>
NATIONAL H-341/ILLINOIS <input type="checkbox"/>	CA (PRE99) MFD-1/ACE <input type="checkbox"/>	CT BFD-1 / ACE <input type="checkbox"/>	NH ME3502 / YALE <input type="checkbox"/>
MA 3502 / YALE <input type="checkbox"/>	RI WD01 / ILLINOIS <input type="checkbox"/>	CA (PRE99) H-341/ ILLINOIS <input type="checkbox"/>	SC SC1000 / ILLINOIS <input type="checkbox"/>
CHIG 5957 / YALE <input type="checkbox"/>	NYC 2642 / YALE <input type="checkbox"/>	NYC 2642 / ILLINOIS <input type="checkbox"/>	OTHER <input type="checkbox"/>
<b>Other-Please Specify</b>			

**CAR STATION KEYED SWITCHES:**

<b>MANUFACTURER</b>	<b>MAD Standard</b> <input type="checkbox"/>	<b>MEDECO</b> <input type="checkbox"/>	<b>ACE</b> <input type="checkbox"/>
<b>NORTHEAST</b> <input type="checkbox"/>	<b>BEST LOCKS</b> <input type="checkbox"/>	<b>YALE</b> <input type="checkbox"/>	<b>OTHER</b> <input type="checkbox"/>

**KEY SWITCH LOCATION**

<b>Service Cabinet</b> <input type="checkbox"/>	<b>Faceplate Mounted</b> <input type="checkbox"/>
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**KEY SWITCH USE**

<b>Light</b> <input type="checkbox"/>	<b>Light/Fan Combo</b> <input type="checkbox"/>	<b>Fan 3 Speed</b> <input type="checkbox"/>	<b>Independent Service</b> <input type="checkbox"/>
<b>Fan 1 Speed</b> <input type="checkbox"/>	<b>Fan 2 Speed</b> <input type="checkbox"/>	<b>Priority Service</b> <input type="checkbox"/>	<b>Door Hold</b> <input type="checkbox"/>
<b>Hospital Service</b> <input type="checkbox"/>	<b>EMT(MA)</b> <input type="checkbox"/>	<b>Code Blue</b> <input type="checkbox"/>	<b>Inspection</b> <input type="checkbox"/>
<b>Access Enable</b> <input type="checkbox"/>	<b>Stop/Run</b> <input type="checkbox"/>	<b>Attendant Service</b> <input type="checkbox"/>	<b>Emerg. Light Test</b> <input type="checkbox"/>
<b>MG Switch</b> <input type="checkbox"/>	<b>Photo Eye</b> <input type="checkbox"/>		
<b>Floor Lock Outs</b>			
<b>Other</b>			

**AUDIBLE TONE SYSTEM:**

<b>Audible Tone Requirements:</b>	<b>Fire Operations</b> <input type="checkbox"/>	<b>Car Call Accepted</b> <input type="checkbox"/>	<b>Hospital Service</b> <input type="checkbox"/>
<b>Floor Passing</b> <input type="checkbox"/>	<b>Nudging</b> <input type="checkbox"/>	<b>MAD – Multi Function Tone Board (MAD-AS4)</b> <input type="checkbox"/>	
<b>Other-Please specify</b>			

**ENGRAVING:**

<b>English Only</b> <input type="checkbox"/>	<b>French/Spanish</b> <input type="checkbox"/>	<b>Bilingual</b> <input type="checkbox"/>	<b>International Symbols</b> <input type="checkbox"/>
<b>Show Capacity</b> <input type="checkbox"/>	<b>Show # of Persons</b> <input type="checkbox"/>	<b>No Smoking Signage</b> <input type="checkbox"/>	<b>Company Logo</b> <input type="checkbox"/>
<b>Building Name</b> <input type="checkbox"/>	<b>Car #</b> <input type="checkbox"/>	<b>Government I.D. #</b> <input type="checkbox"/>	<b>Remote License</b> <input type="checkbox"/>
<b>Inserts Adjacent To Floor Call Buttons (Provide Detail):</b>			
<b>Other Engraving</b>			

