



ONCE COMPLETED FAX TO 1-416 245-8502

PROJECT INFORMATION	
PROJECT NAME:	GROUP I.D.
PROJECT ADDRESS:	
PROJECT CITY:	
PROJECT REFERENCE #	
COMPANY NAME:	
COMPANY ADDRESS:	
CITY:	

CONTACT NAME:	
CONTACT PHONE:	
CONTACT FAX:	

LOBBY PANEL SURVEY

GROUP ID		CAR'S		FLOORS SERVED	
GROUP ID		CAR'S		FLOORS SERVED	
GROUP ID		CAR'S		FLOORS SERVED	
GROUP ID		CAR'S		FLOORS SERVED	
GROUP ID		CAR'S		FLOORS SERVED	

#4 Stainless	<input type="checkbox"/>	#8 Stainless	<input type="checkbox"/>	#4 Brass	<input type="checkbox"/>	#8 Brass	<input type="checkbox"/>
Plate Size:		Width		Height			

Voltage:		AC / DC		+/- Common	
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Hinging	LEFT	<input type="checkbox"/>	RIGHT	<input type="checkbox"/>	TOP	<input type="checkbox"/>	BOTTOM	<input type="checkbox"/>	NONE	<input type="checkbox"/>
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Digital Indicator	2"	<input type="checkbox"/>	1.5"	<input type="checkbox"/>	1.0"	<input type="checkbox"/>	.5"	<input type="checkbox"/>	D.O.T.	<input type="checkbox"/>	Segmented	<input type="checkbox"/>	Other	
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KEY SWITCHES											
Hospital Service	<input type="checkbox"/>	EMT(MA)	<input type="checkbox"/>	Code Blue	<input type="checkbox"/>	Inspection	<input type="checkbox"/>				
Access Enable	<input type="checkbox"/>	Emergency Service	<input type="checkbox"/>	Fire Service	<input type="checkbox"/>	Emergency Power	<input type="checkbox"/>				
Alternate Floor	<input type="checkbox"/>	Return to Lobby	<input type="checkbox"/>	Parking	<input type="checkbox"/>	Car Call Enable	<input type="checkbox"/>				
Floor Lock Outs											
Other											

LED INDICATORS											
Hospital Service	<input type="checkbox"/>	Normal Power	<input type="checkbox"/>	Code Blue	<input type="checkbox"/>	On Inspection	<input type="checkbox"/>				
Fire Service On	<input type="checkbox"/>	Emergency Power	<input type="checkbox"/>	In Service	<input type="checkbox"/>	Car at Lobby	<input type="checkbox"/>				



Alternate Floor Recall	<input type="checkbox"/>	Return to Lobby	<input type="checkbox"/>	Parking	<input type="checkbox"/>
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EMERGENCY COMMUNICATION :

Lobby Phone Requirements:	Integral	<input type="checkbox"/>	Cabinet	<input type="checkbox"/>	Supplied By:	MAD <input type="checkbox"/>	Client <input type="checkbox"/>
MAD Supplied Phone	WEBB OEM 150A	<input type="checkbox"/>	EMS	<input type="checkbox"/>	Rath Microtec	<input type="checkbox"/>	K-Tech <input type="checkbox"/>
Other Phone Make:				Other Phone Model #:			