



MEI

MINNESOTA ELEVATOR, INC.
 19336 607th Ave
 Mankato MN 56001
 Ph (507) 245-3060 Fax: (507) 245-4193
 An EOE/AA Employer

Traction Freight Quote Request Form

Today's Date: _____

Quote Due Date: _____

Customer: _____
 Contact: _____
 Address: _____
 Phone: _____ Fax: _____

Job Name: _____
 Location: _____

- New Construction**
 Existing

Capacity: _____
 Class: _____ Landings: _____ Hatch Width: _____ Voltage: _____
 Gross Weight: _____ Front Openings: _____ Hatch Depth: _____ Phase: _____
 Travel: _____ Rear Openings: _____ Overhead: _____
 Speed: _____ Side Openings: _____ Pit Depth: _____

Electrical Rating: Hoistway: * NEMA 1 Other: _____
 Machine Room: * NEMA 1 Other: _____

* Indicates MEI standard materials

HATCH MODULE

- Include this section in quote
- Platform: Width: _____ x Depth: _____ Floor Material: *Steel Checker Plate _____"
 Finish Floor Thickness: _____ Other _____
- Sling, Brace Rods, Fastener Package
- Pit Assembly Spring Buffers Oil Buffers
- Rail Guides: *Slide Roller Swivel
- Rail Brackets:
- Limit Switch Package
- Car Top Station * Nylube _____
- 3 Maintenance Manuals / Engineering / Layout Drawings
- Other _____
- #### Additional Features

Seismic Application

Government Submittal Package

Special Paint _____

Certified Engineer Drawings

Rail Backing

Rail Lubricators

CAB MODULE

- Include this section in quote
- Shell: * Steel Custom: _____
- Finish: * Enamel #4 5WL Rigidized Other _____
- Bumpers: Stainless Steel (SS) 1 1/2" x 8" Oak 1 1/2" x 10" Oak 1 1/2" x 12" Oak
- * 1 1/2" x 6" Oak 3/8" x 4" SS #4 1/4" x 4" SS #4 1/4" x 6" SS #4
- 3/8" x 3" SS #4 Back Wall Side Wall
- Canopy * Enamel w/Recessed Fluorescent Lights
- Other _____
- Cab Height: * 8 feet Other: _____
- Emerg Light: * In Car Operating Panel In Cab Ceiling Incorporated into regular cab lighting
- Finish Floor: * Checker Plate Other: _____
- Options: Pads Hooks
- Other _____

JOB NAME: _____

TRACTION MACHINE MODULE

Include this section in quote

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> 2 Speed AC | <input type="checkbox"/> Open Loop | <input type="checkbox"/> Closed Loop |
| <input type="checkbox"/> VV/VF/AC | <input type="checkbox"/> SCR | <input type="checkbox"/> Roping <input type="checkbox"/> 2:1 <input type="checkbox"/> 1:1 |
| Machine Room Location: | <input type="checkbox"/> Overhead | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Machine | <input type="checkbox"/> Safety | <input type="checkbox"/> Rope Shackles |
| <input type="checkbox"/> Hoist Motor | <input type="checkbox"/> Sheaves | <input type="checkbox"/> Counterweights |
| <input type="checkbox"/> M/G Set | <input type="checkbox"/> Ropes | <input type="checkbox"/> Counterweight Safety |
| <input type="checkbox"/> Governor/Tension Sheave | | <input type="checkbox"/> Occupied space below hoistway |

FIXTURE MODULE

Include this section in quote

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> * MEI Swing Panel | <input type="checkbox"/> *Square Buttons | <input type="checkbox"/> Round Buttons | <input type="checkbox"/> Vandal Resistant Buttons |
| <input type="checkbox"/> Other: _____ | | | |
| <input type="checkbox"/> * Stainless Steel | <input type="checkbox"/> Bronze | <input type="checkbox"/> #4 <input type="checkbox"/> #8 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Auxiliary Car Operating Panel | | | |
| <input type="checkbox"/> *Car Position Indicator | <input type="checkbox"/> * 2" Digital | <input type="checkbox"/> Multi-light | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hall Position Indicator: _____ | <input type="checkbox"/> * 2" Digital | <input type="checkbox"/> Multi-light | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> _____ Hall Stations | <input type="checkbox"/> Phone Cabinet | <input type="checkbox"/> Emergency Light Test Button | |
| <input type="checkbox"/> * Top Access Key | <input type="checkbox"/> Service Cabinet | <input type="checkbox"/> Fireman's Phone Jack | |
| <input type="checkbox"/> * Bottom Access Key | <input type="checkbox"/> 120 VAC Outlet | <input type="checkbox"/> Card Reader Cut-out | |
| <input type="checkbox"/> * Inspection Keyswitch | <input type="checkbox"/> Certificate Frame | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> * Light Keyswitch | <input type="checkbox"/> M/G Switch | | |
| <input type="checkbox"/> Engraving: _____ | | | |

CONTROLLER MODULE

Include this section in quote

- | | | |
|---|--|--|
| Manufacturer: <input type="checkbox"/> * Vertitron Midwest, Inc | <input type="checkbox"/> Motion Control Engineering | <input type="checkbox"/> Other: _____ |
| Logic Type: <input type="checkbox"/> * Microprocessor | <input type="checkbox"/> Closed Loop <input type="checkbox"/> Open Loop | <input type="checkbox"/> Relay Logic |
| Operation: <input type="checkbox"/> * Selective Collective | <input type="checkbox"/> Single Automatic Pushbutton | <input type="checkbox"/> Call-Send |
| <input type="checkbox"/> * Simplex | <input type="checkbox"/> Duplex | <input type="checkbox"/> Group |
| Starter: <input type="checkbox"/> * Wye Delta | <input type="checkbox"/> X-Line | <input type="checkbox"/> Electronic Soft Start |
| Features: <input type="checkbox"/> * Phase I & II Fire Service | | <input type="checkbox"/> Hospital Service |
| <input type="checkbox"/> * Independent Service | <input type="checkbox"/> Hall Lanterns | <input type="checkbox"/> EMT-Code Blue |
| <input type="checkbox"/> * Reverse Phase Detector | <input type="checkbox"/> PET - Hand Held Diagnostic | <input type="checkbox"/> Homing |
| <input type="checkbox"/> * Nudging | <input type="checkbox"/> On-Board Diagnostics | <input type="checkbox"/> Attendant Operation |
| <input type="checkbox"/> * Tape Selector | <input type="checkbox"/> Keyed Security <input type="checkbox"/> Car <input type="checkbox"/> Hall | <input type="checkbox"/> Inconspicuous Riser |
| <input type="checkbox"/> Load Weighing | <input type="checkbox"/> CRT-Computer Monitor System | <input type="checkbox"/> Lobby Panel Interface |
| | <input type="checkbox"/> Emer. Generator Interface | <input type="checkbox"/> Other: |

WIRING MODULE

Include this section in quote

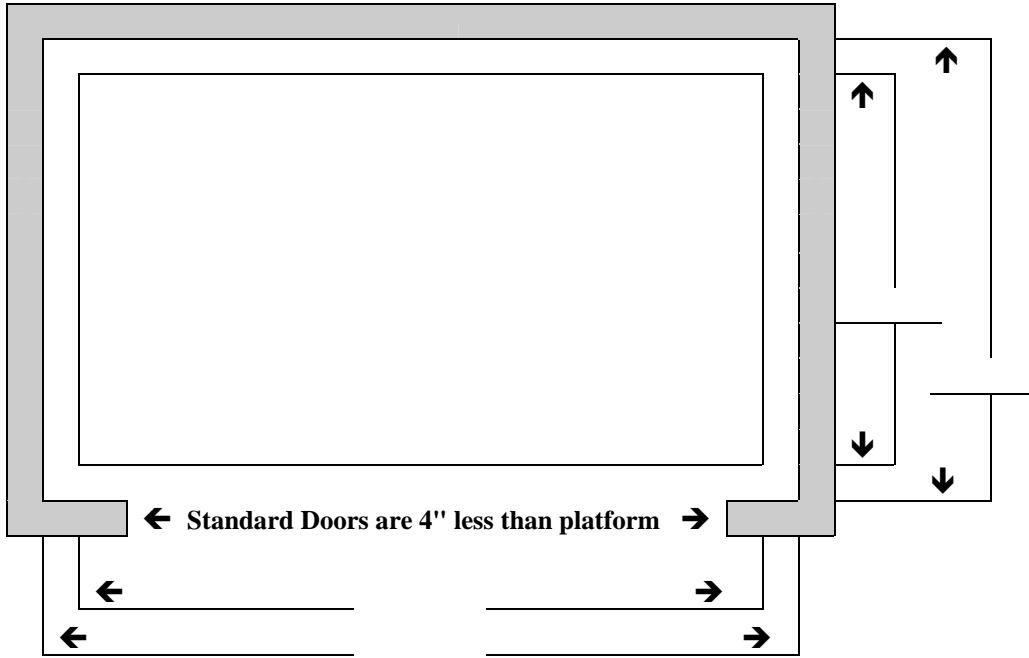
- * MEI Standard Package w/ 3 pair shielded cable
- Additional _____ pair shielded cable
- Coaxial Cable - RG59U

RAIL MODULE

Include this section in quote

JOB NAME: _____

ELEVATOR DATA



Enter floor markings & travel for each floor served

Overhead	<input type="text"/>	
12	<input type="text"/>	12
11	<input type="text"/>	11
10	<input type="text"/>	10
9	<input type="text"/>	9
8	<input type="text"/>	8
7	<input type="text"/>	7
6	<input type="text"/>	6
5	<input type="text"/>	5
4	<input type="text"/>	4
3	<input type="text"/>	3
2	<input type="text"/>	2
1	<input type="text"/>	1
Pit Depth	<input type="text"/>	
	Front	Rear

Standard MEI Exceptions

- | | | |
|------------------|------------------------|--------------------|
| No Sill Supports | No Power Disconnects | No Pit Ladder |
| No Oil | No Intercom System | No Smoke Detection |
| No Inserts | No Freight Door Frames | No Rail Backing |
| No Fire Signs | | |

CUSTOMER APPROVAL

The undersigned hereby acknowledges that the "Take Off Order Sheet" data contained herein is correct.

Customer Signature: _____ Date: _____