



www.innovative-elevator.com
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CAB INTERIOR SITE SURVEY

1. CUSTOMER INFORMATION

COMPANY _____

CONTACT _____

PHONE # _____

EMAIL _____

JOB SITE ADDRESS _____

NUMBER OF CABS TO FIT THIS DRAWING _____

2. PICTURES OF CAB

PLEASE SEND THE FOLLOWING PHOTOS ALONG WITH ANY OTHERS YOU FIND
INFORMATIVE TO SUCCESS OF PERFECT INSTALL.

ALL 4 CORNERS TOP AND BOTTOM _____

HATCH LOCATION _____

JOINT WHERE HEADER AND RETURN MEET _____

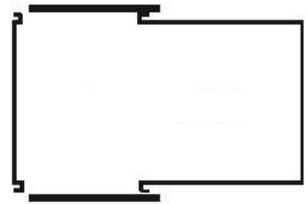
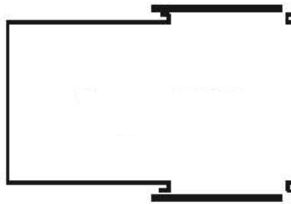
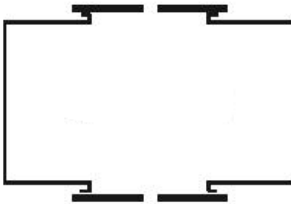
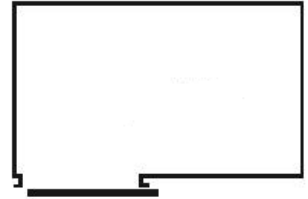
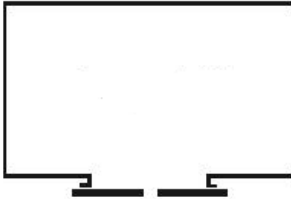
*2495 Richardson Side Road
Unit 15
Carp, Ontario
K0A 1L0*



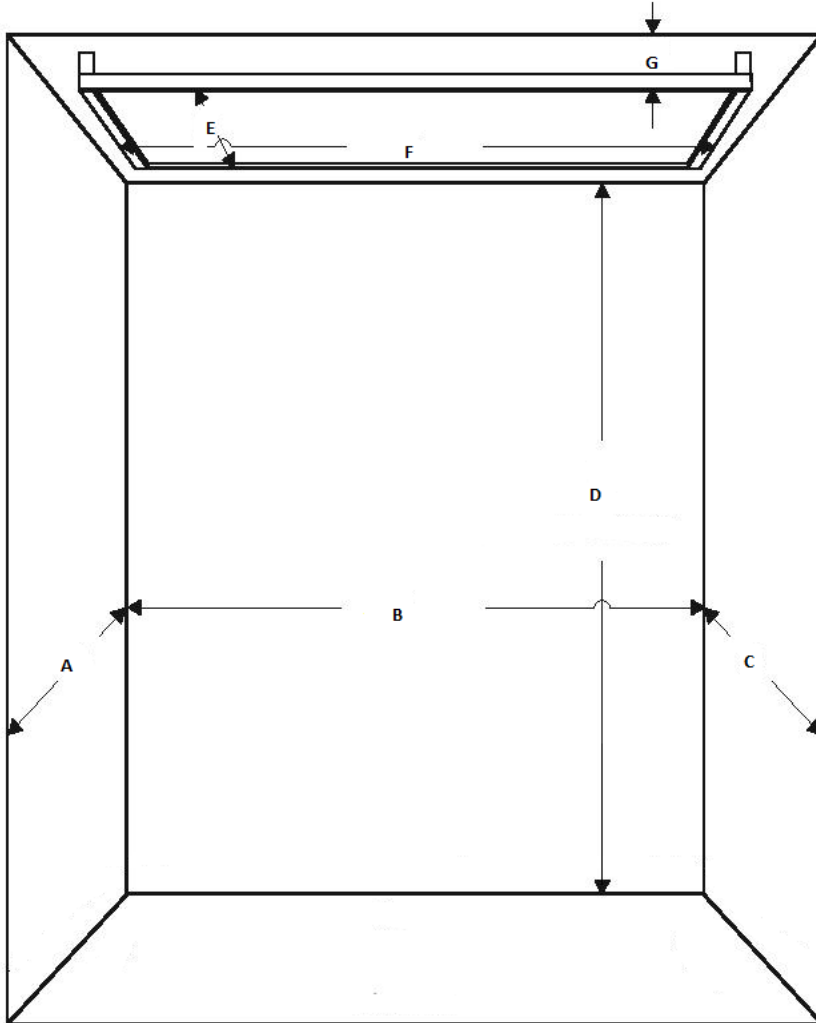
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3. CAB INTERIOR LAYOUT AND MEASUREMENTS

INDICATE LAYOUT BELOW



NOTES



A	
B	
C	
D	
E	
F	
G	

NOTES:

-DIMENSIONS NEEDED ARE SHELL TO SHELL

-DIMENSIONS E,F,G ARE ONLY NEEDED IF EXISTING CEILING IS TO REMAIN

NOTE:

IF HEADER STICKS OUT FURTHER THAN RETURN, PLEASE INDICATE MEASUREMENT BELOW SO WE CAN BE SURE THAT STAINLESS STEEL REVEAL COVERS

YES _____ NO _____

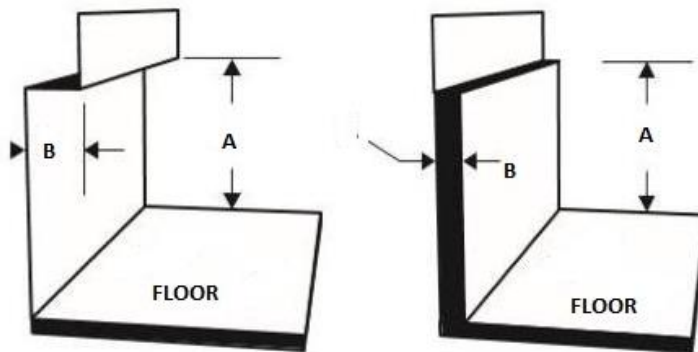


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4. KICKPLATE PROFILE

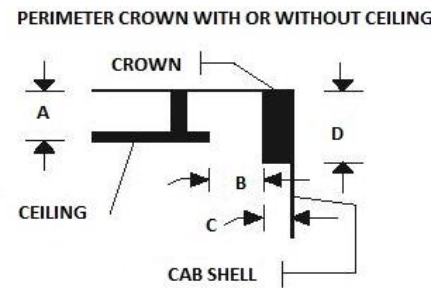
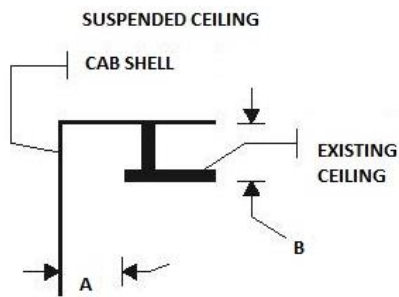
INDICATE BELOW THE PROFILE AND IF YOU WOULD LIKE WOOD BUILDOUTS OR STRIPS TO MAKE WALLS FLUSH BEFORE INSTALL.



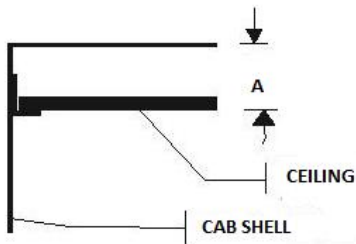
MEASUREMENTS	
A	
B	

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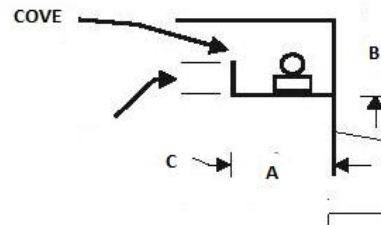
5. INDICATE EXISTING CEILING LAYOUT BELOW IF CEILING IS TO REMAIN



WALL TO WALL SUSPENDED CEILING



LIGHT COVE (VALENCE)



MEASUREMENTS FOR ABOVE LAYOUTS OF EXISTING CEILING TYPE

	ENTRANCE WALL	REAR WALL	LEFT WALL	RIGHT WALL
A				
B				
C				
D				

7. CAB ROOF

Fill in the measurements on the plan below for layout of new ceiling to allow access to escape hatch.

