



## HydraSafe® Brake Estimate Request

### CUSTOMER INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Company PO: \_\_\_\_\_

### REQUIRED INFORMATION

Building Type:  Government (GSA)  Municipality  City  Transit  Office Building  Special Use  
 Other: \_\_\_\_\_ # of Cars: \_\_\_\_\_ Elevator(s) ID: \_\_\_\_\_  
Elevator Type:  Passenger  Service  Freight Capacity: \_\_\_\_\_ Speed: \_\_\_\_\_ Rail Size: \_\_\_\_\_  
Car Sling Manufacturer: \_\_\_\_\_ Year Installed: \_\_\_\_\_  
Have the guide rails/joints been verified for alignment & smoothness?  Yes  No  Unsure  
Crosshead/Safety Plank Gauge: \_\_\_\_\_ Width: \_\_\_\_\_ Steel Type:  I Beam  C Channel  Other: \_\_\_\_\_  
Roller Guide/Slide Guide Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year Installed: \_\_\_\_\_  
Are roller guide or mounting plates required?  Yes  No  Unsure  
Is a 120 AC voltage connection present and fused? Stand-alone circuit recommended.  Yes  No  Unsure  
Existing Controller Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year Installed: \_\_\_\_\_  
Is existing controller equipped with Unintended/Ascending software?  Yes  No  Unsure  
If yes, please confirm output voltage from controller to HydraSafe Brake: \_\_\_\_\_  
Has the elevator been balanced?  Yes  No  Unsure  
Are any special testing type documentation required?  Yes  No  Unsure  
If yes, please specify which documents are needed: \_\_\_\_\_  
Is a Plus unit required? Holds separate controls with Unintended/Ascending software  Yes  No  Unsure  
Overhead/Pit Height: \_\_\_\_\_

### HYDRAULIC ELEVATOR INFORMATION ONLY

Cylinder Type:  Inground  Holeless  Inverted  
Crosshead Size (W x L x H): \_\_\_\_\_ Bolster Channel (W x H x L): \_\_\_\_\_  
Is the cylinder pre-1972?  Yes  No  Unsure  
Hoistway Height: \_\_\_\_\_ Pit: \_\_\_\_\_ Landings: \_\_\_\_\_ Overhead: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
Name (Printed) Signature

### For Office Use Only:

Received By: \_\_\_\_\_  
Approved By: \_\_\_\_\_  
Completed By: \_\_\_\_\_

**The Only Choice When an Unintended/Ascending Movement Device is Required**