



Phone: (773) 823-7424
4553 W. Lexington | Chicago, IL | 60624
www.hydrasafebrake.com

HydraSafe Brake Estimate Request

CUSTOMER INFORMATION

Customer: _____ 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: _____
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: _____
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: _____
Overhead/Pit Height: _____ Are first responder features desired? Yes No

HYDROLIC 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