



A VANTAGE Company

eHydro Data Form

GAL Canada Elevator Products
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Internal Use Only	Data Sheet Revision #:	GAL Estimate #:	Date:
	GAL Controller Order #:	GAL Door Order #:	GAL Fixture Order #:

CUSTOMER INFORMATION

Company Name:		Job Name:	
Company Address:		Job Address:	
Contact Name:		Technical Contact Name:	
Email:		Email:	
Phone:	Cell:	Phone:	Cell:

ELEVATOR SPECIFICATIONS

<input type="checkbox"/> Job specifications sent to GAL		Valve Type:		<input type="checkbox"/> Maxton	<input type="checkbox"/> Blain 4 Solenoid
Main Line Disconnect Voltage: _____ VAC		<input type="checkbox"/> Bucher	<input type="checkbox"/> Blain Electronic		
Phase:	<input type="checkbox"/> 3 Ph/60 Hz	<input type="checkbox"/> _____ Ph/_____ Hz	NOTE: Valve	<input type="checkbox"/> Dover	<input type="checkbox"/> GMV
Motor Lead:	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 12	Solenoids must be 120 VAC
Starter	<input type="checkbox"/> Sprecher + Schuh*				
Manufacturer:	<input type="checkbox"/> Siemens	<input type="checkbox"/> ATL (1 Ph only)	<input type="checkbox"/> Dual Pump	<input type="checkbox"/> Dual Valve	
Starts per hour:	<input type="checkbox"/> 80	<input type="checkbox"/> 120 (Siemens)	<input type="checkbox"/> Recycling Operation	<input type="checkbox"/> Roped	
Car Name:	1: _____	2: _____	3: _____	4: _____	5: _____
Simplex (S)/Group (G):					
First Installed in Group:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requested Ship Date:					
Car Speed (FPM):					
Car Capacity (lbs):					
Number of Landings:					
Number of Openings:	F: _____ R: _____	F: _____ R: _____	F: _____ R: _____	F: _____ R: _____	F: _____ R: _____
Code of Compliance (ASME/B44):					
		<input type="checkbox"/> 2000	<input type="checkbox"/> 2010		
		<input type="checkbox"/> 2004	<input type="checkbox"/> 2013		
		<input type="checkbox"/> 2005	<input type="checkbox"/> 2016		
		<input type="checkbox"/> 2007	<input type="checkbox"/> 2019		
		<input type="checkbox"/> 2009	<input type="checkbox"/> NYC		
		<input type="checkbox"/> Other: _____			

PUMP MOTOR DATA

Pump Motor	1: _____	2: _____	3: _____	4: _____	5: _____	6: _____
Horsepower						
Current						
Voltage						
<input type="checkbox"/> All Data Same As Car One						

SELECTOR

Selector Type: Absolute Positioning System* Weather Resistant

EMERGENCY POWER

<input type="checkbox"/> Emergency Lowering (UPS by GAL)	Intergroup	Master Grp Car Names: _____
NOTE: Powered freight doors require separate UPS by others.	Configuration:	2 nd Grp Car Names: _____
<input type="checkbox"/> Emergency Generator	<input type="checkbox"/> Intergroup	3 rd Grp Car Names: _____
Emergency Power <input type="checkbox"/> In Hall		4 th Grp Car Names: _____
Switch Location: <input type="checkbox"/> In Remote Fire Command Station	NOTE: Master group recalls first, followed by 2 nd , 3 rd , 4 th .	

SIGNAL FIXTURES

Fixture Manufacturer: _____	Elevator Off Switch: <input type="checkbox"/> In COP	<input type="checkbox"/> In Hall
<input type="checkbox"/> Extended Door Hold Time	Door Indicators: <input type="checkbox"/> Door Closing	<input type="checkbox"/> Door Open
<input type="checkbox"/> Fire Service Complete Indicator	Indicator Location: <input type="checkbox"/> In Car	<input type="checkbox"/> In Hall

CAR SIGNAL FIXTURES

Traveling Cable <input type="checkbox"/> Top Of Car Box (Junction Box)	Front COP 1 (Main):	<input type="checkbox"/> F	<input type="checkbox"/> R	Car Calls	NOTE: Main COP includes Fire Service.
Termination: <input type="checkbox"/> Car Operating Panel	Front COP 2 (Aux):	<input type="checkbox"/> F	<input type="checkbox"/> R	Car Calls	
Inspection Station: <input type="checkbox"/> By GAL	Rear COP 1 (Aux):	<input type="checkbox"/> F	<input type="checkbox"/> R	Car Calls	
<input type="checkbox"/> By GAL, Weather Resistant	Rear COP 2 (Aux):	<input type="checkbox"/> F	<input type="checkbox"/> R	Car Calls	
<input type="checkbox"/> By Others					

*: Suggested, F: Front, R: Rear

Car Position Indicator: <input type="checkbox"/> MAD Giotto* <input type="checkbox"/> C.E. Micro Comm <input type="checkbox"/> MAD Matisse* <input type="checkbox"/> Emotive <input type="checkbox"/> MAD Raffaello* <input type="checkbox"/> Vega <input type="checkbox"/> Vidatech <input type="checkbox"/> 3 Character <input type="checkbox"/> Digital Binary <input type="checkbox"/> French (C.E.) <input type="checkbox"/> Multilight <input type="checkbox"/> Other: _____ <input type="checkbox"/> DL20		Voice Annunciator: <input type="checkbox"/> MAD* <input type="checkbox"/> C.E. Micro Comm <input type="checkbox"/> Other: _____							
Car PI Total Amount: _____		Send COP Boards: <input type="checkbox"/> To Fixture Manufacturer* <input type="checkbox"/> With Controller <input type="checkbox"/> To Customer Before Controller							
Car Lanterns: <input type="checkbox"/> Discrete* <input type="checkbox"/> C.E. Micro Comm <input type="checkbox"/> Other: _____		Handicap Buzzer: <input type="checkbox"/> Passing Floor Tone <input type="checkbox"/> Car Call Acknowledgement Tone <input type="checkbox"/> Qualified by S Button							
Car Lantern Audible Signal: <input type="checkbox"/> Chimes* <input type="checkbox"/> Gongs Car Lantern Current: _____ A		Car Operation: <input type="checkbox"/> Attendant Operation <input type="checkbox"/> Car Switch Operation <input type="checkbox"/> With Annunciator Lights							
<input type="checkbox"/> In-Car Inspection Switch		<input type="checkbox"/> Auxiliary Fire Switch <input type="checkbox"/> Remote Car Call <input type="checkbox"/> Sabbath Service							
HALL SIGNAL FIXTURES									
Hall Position Indicator: <input type="checkbox"/> MAD Giotto* <input type="checkbox"/> C.E. Micro Comm <input type="checkbox"/> MAD Matisse* <input type="checkbox"/> Emotive <input type="checkbox"/> MAD Raffaello* <input type="checkbox"/> Vega <input type="checkbox"/> Vidatech <input type="checkbox"/> 3 Character <input type="checkbox"/> Digital Binary <input type="checkbox"/> French (C.E.) <input type="checkbox"/> Multilight <input type="checkbox"/> Other: _____ <input type="checkbox"/> DL20		Hall Lanterns: <input type="checkbox"/> Serial* <input type="checkbox"/> C.E. Micro Comm <input type="checkbox"/> Discrete <input type="checkbox"/> Other: _____							
Hall PI Total Amount: _____ Hall PI Size: _____ In.		Hall Lanterns In: <input type="checkbox"/> All Floors* <input type="checkbox"/> Lobby Only							
<input type="checkbox"/> High Water Input and Reset		Hall Lantern Audible Signal: <input type="checkbox"/> Chimes* <input type="checkbox"/> Gongs Hall Lantern Current: _____ A <input type="checkbox"/> Remote Fire Command Station NOTE: Includes Return to Lobby and In/Out of Service Indicators.							
<input type="checkbox"/> In Service Indicator		<input type="checkbox"/> Out of Service Indicator							
<input type="checkbox"/> Doors Open		<input type="checkbox"/> Doors Closed							
SECURITY									
	Car Call Security		Group Car Call Security		Hall Security		Floor Security		
	Secure	Override	Secure	Override	Secure	Override	Secure	Override	
Security Activation	One Switch in Hall or Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	One Switch in Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	n/a	n/a
	GALileo/Liftnet	<input type="checkbox"/>	n/a	<input type="checkbox"/>	n/a	<input type="checkbox"/>	n/a	<input type="checkbox"/>	n/a
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Access	One Switch per Floor in Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a	n/a	n/a
	Card Reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	One Switch per Floor in Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	One Switch in Hall or Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	GALileo/Liftnet	<input type="checkbox"/>	n/a	<input type="checkbox"/>	n/a	<input type="checkbox"/>	n/a	<input type="checkbox"/>	n/a
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hugs Security: <input type="checkbox"/> Standard <input type="checkbox"/> With Bypass <input type="checkbox"/> In Car <input type="checkbox"/> In Machine Room		Push Button Car Call Sec. Override: <input type="checkbox"/> With Acknowledgement Light <input type="checkbox"/> Without Acknowledgement Light							

HOISTWAY FEATURES

Hall Calls: <input type="checkbox"/> Serial 24 VDC* <input type="checkbox"/> Discrete 24 VDC	<input type="checkbox"/> VIP Service	<input type="checkbox"/> TUGs Service
Number of Standard Risers: _____	<input type="checkbox"/> Code Blue	<input type="checkbox"/> Heliport Service
Number of Swing/Inconspicuous Risers: _____	<input type="checkbox"/> MA Emergency Medical	
Car(s) on Swing Risers: _____	<input type="checkbox"/> Hoistway Lighting Pilot Relay (Fire Service)	
	<input type="checkbox"/> Lobby Up Request Button	

DOOR EQUIPMENT

Door Operation: <input type="checkbox"/> F <input type="checkbox"/> R Automatic	Light Curtain/ <input type="checkbox"/> F <input type="checkbox"/> R GAL*
<input type="checkbox"/> F <input type="checkbox"/> R Automatic with Swing	Edge Detector: <input type="checkbox"/> F <input type="checkbox"/> R Other: _____
<input type="checkbox"/> F <input type="checkbox"/> R Powered Freight	<input type="checkbox"/> Narrow Door, Floor(s): _____
<input type="checkbox"/> F <input type="checkbox"/> R Manual	<input type="checkbox"/> Heavy Door, Floor(s): _____
Door By GAL: <input type="checkbox"/> F <input type="checkbox"/> R MOVFR CAN Bus*	By Others: <input type="checkbox"/> F <input type="checkbox"/> R Otis 6970 Standard
Operator: <input type="checkbox"/> F <input type="checkbox"/> R MOVFR Standard	<input type="checkbox"/> F <input type="checkbox"/> R MAC/ECI 859N 1000
<input type="checkbox"/> F <input type="checkbox"/> R MONXT CAN Bus*	<input type="checkbox"/> F <input type="checkbox"/> R HDLM
<input type="checkbox"/> F <input type="checkbox"/> R MONXT Standard	<input type="checkbox"/> F <input type="checkbox"/> R Midi Supra
<input type="checkbox"/> F <input type="checkbox"/> R MOVFE CAN Bus*	<input type="checkbox"/> F <input type="checkbox"/> R Dover
<input type="checkbox"/> F <input type="checkbox"/> R MOVFE Standard	<input type="checkbox"/> F <input type="checkbox"/> R Dover Encore
<input type="checkbox"/> F <input type="checkbox"/> R MOCT	<input type="checkbox"/> F <input type="checkbox"/> R Smart Tech Door
<input type="checkbox"/> F <input type="checkbox"/> R MOD	<input type="checkbox"/> F <input type="checkbox"/> R AT 400
<input type="checkbox"/> F <input type="checkbox"/> R MOM/MOH	<input type="checkbox"/> F <input type="checkbox"/> R AMD
<input type="checkbox"/> F <input type="checkbox"/> R MODG	<input type="checkbox"/> F <input type="checkbox"/> R Other: _____
Door Operator <input type="checkbox"/> F <input type="checkbox"/> R 230 VAC*	Powered Freight: <input type="checkbox"/> F <input type="checkbox"/> R Courion iLearn*
Voltage: <input type="checkbox"/> F <input type="checkbox"/> R 115 VAC	<input type="checkbox"/> F <input type="checkbox"/> R Courion MP
Retiring Cam: <input type="checkbox"/> F <input type="checkbox"/> R Mechanical	<input type="checkbox"/> F <input type="checkbox"/> R EMS
<input type="checkbox"/> F <input type="checkbox"/> R Electrical	<input type="checkbox"/> F <input type="checkbox"/> R Peelle Wireless
Made By: <input type="checkbox"/> GAL <input type="checkbox"/> Others	<input type="checkbox"/> F <input type="checkbox"/> R Peelle PLC Slave
Voltage: <input type="checkbox"/> 115 VAC <input type="checkbox"/> 115 VDC	<input type="checkbox"/> F <input type="checkbox"/> R Peelle PLC Standard
<input type="checkbox"/> 230 VAC <input type="checkbox"/> 230 VDC	<input type="checkbox"/> F <input type="checkbox"/> R Other: _____
Phase: <input type="checkbox"/> 1 Phase <input type="checkbox"/> 3 Phase	Current: _____ A

NOTE: Forward non-GAL door wiring diagrams to GAL.

MONITORING

GALileo <input type="checkbox"/> Machine Room Work Station*	Liftnet Complete System Configuration:
Monitoring: No. Monitors: _____	No. of Groups: _____
No. M.R.: _____	No. of Locations: _____
Distance between M.R.: _____ Ft.	No. of Cars: _____
<input type="checkbox"/> On-Site Work Station	No. of Computers: _____
<input type="checkbox"/> Off-Site Remote Work Station	No. of Printers: _____
<input type="checkbox"/> On-Site Display Monitor	No. of UPS Units: _____
<input type="checkbox"/> Interface for Internet Access	No. of Monitors: _____
Central Monitoring <input type="checkbox"/> Liftnet Complete System	Size of each Monitor (17"/19"/23"/Other): _____
System: <input type="checkbox"/> Liftnet Interface	Additional Notes: _____
<input type="checkbox"/> Liftnet Software Only	
<input type="checkbox"/> Solucore Interface	
<input type="checkbox"/> Other: _____	

MACHINE ROOM OPTIONS

<input type="checkbox"/> Earthquake Operation	Remote Governor <input type="checkbox"/> 24 VDC
<input type="checkbox"/> Motorized Ball Valve	Set/Reset: <input type="checkbox"/> 120 VAC
Oil Cooler Voltage: _____ V	Oil Heater Voltage: _____ V
Current: _____ A	Current: _____ A
Phase: <input type="checkbox"/> 1 Phase <input type="checkbox"/> 3 Phase	Phase: <input type="checkbox"/> 1 Phase <input type="checkbox"/> 3 Phase

*: Suggested, F: Front, R: Rear

FLOOR OPENING CONFIGURATION																											
Floor No.	Floor Label	Alternate Label	Floor Height (Ft.)	Floor Openings												Hall Access Switch Location											
				1:		2:		3:		4:		5:		6:		1:		2:		3:		4:		5:		6:	
				F	R	F	R	F	R	F	R	F	R	F	R	F	R	F	R	F	R	F	R	F	R	F	R
	Overhead																										
8																											
7																											
6																											
5																											
4																											
3																											
2																											
1																											
	Pit																										
	Total Height		Ft.	NOTE: All security types and special risers selected are given for every floor. For special configurations fill out below.																							

SPECIAL CONFIGURATIONS																					
Floor No.	Car Security						Group Security				IR	Swing Riser	Swing Riser	Code Blue	VIP						
	1:		2:		3:		4:		5:							6:		Hall	Floor	Car	Hugs
	F	R	F	R	F	R	F	R	F	R						F	R	F	R	F	R
8																					
7																					
6																					
5																					
4																					
3																					
2																					
1																					

NOTES