



A VANTAGE Company

eHydro Data Form

GAL Manufacturing Company LLC

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www.gal.com

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)				
Starts per hour:		<input type="checkbox"/> 80	<input type="checkbox"/> 120 (Siemens)				
Car Name:		1: _____	2: _____	3: _____	4: _____	5: _____	6: _____
Simplex (S)/Group (G):							
First Installed in Group:		<input type="checkbox"/>	<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:___	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*		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* <input type="checkbox"/> By Others		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		

*: Suggested, F: Front, R: Rear

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

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

MONITORING

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

