QUICK CAB®
ELEVATOR INTERIORS

Survey Sheet

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PH: (206).300.4177
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Date: _____ **Surveyor Name/Company**: _____ **Phone**:_____

Building/Job Name: _____

Building Address: _____

Contact Name:_____**Contact Phone:** _____

Ship to: ☐ Service Provider Address ☐ Building Address

Special Shipping Information: ☐ Pre-scheduled Delivery Required ☐ Lift Gate Required for delivery ☐ 24 HR Notice

Special Shipping Notes:

Cab Shell Information:

Number of Identical Cabs: _____ Cabs Weight Capacity_____ Cab ID #'s_____

Door Location:

☐ SL ☐ SC ☐ SR ☐ **Other (Please Draw Below)**

☐ DL ☐ DC ☐ DR

Cab Shell Construction:

☐ Steel ☐ Wood

☐ Modular (skeleton)

CRITICAL!!
We MUST know if your cab is modular for proper wall mounting.

Cab Dimensions & Emergency Hatch Location:

Please ensure that all measurements are taken from inside the actual cab with existing wall panels removed. Measurements should be exact to 1/16th of an inch.

Cab Height Dimensions:

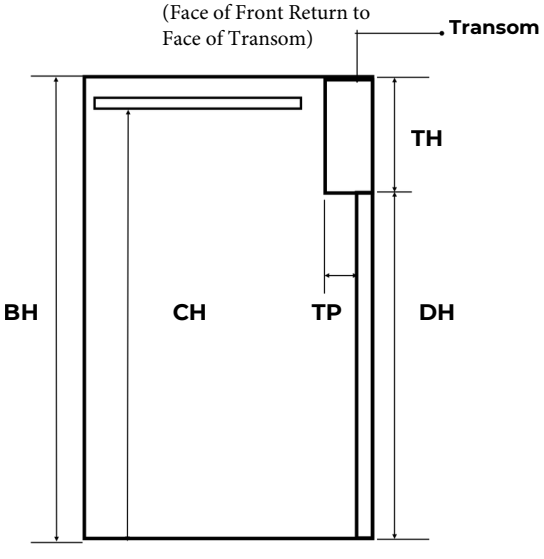
_____:(**DH**) Door Height

_____:(**TH**) Transom Height

_____:(**BH**) Back Wall Height

_____:(**CH**) Ceiling Height

_____:(**TP**) Transom Projection
(Face of Front Return to Face of Transom)



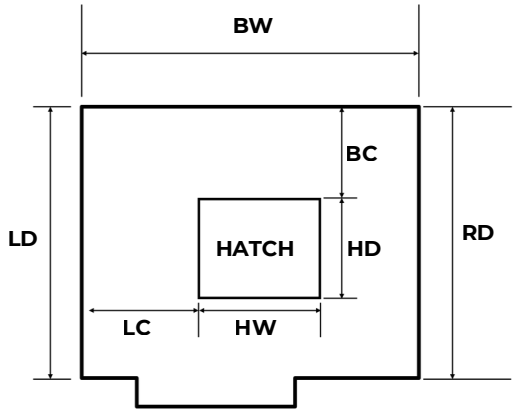
SIDE VIEW

Cab Wall Dimensions:

_____:(**BW**) Back Wall Width

_____:(**LD**) Left Wall Depth

_____:(**RD**) Right Wall Depth



TOP VIEW

Cab Hatch Dimensions:

_____:(**LC**) Left Clearance _____:(**HD**) Hatch Depth

_____:(**BC**) Back Clearance _____:(**HW**) Hatch Width

Supervisor's Initials: _____

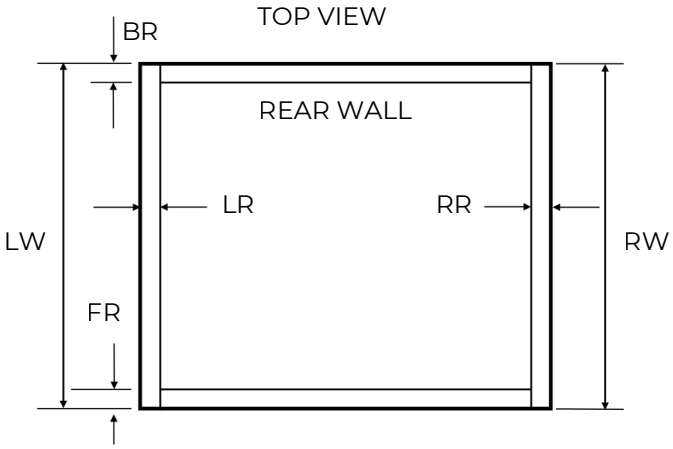
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Protruding Rim Measurements:

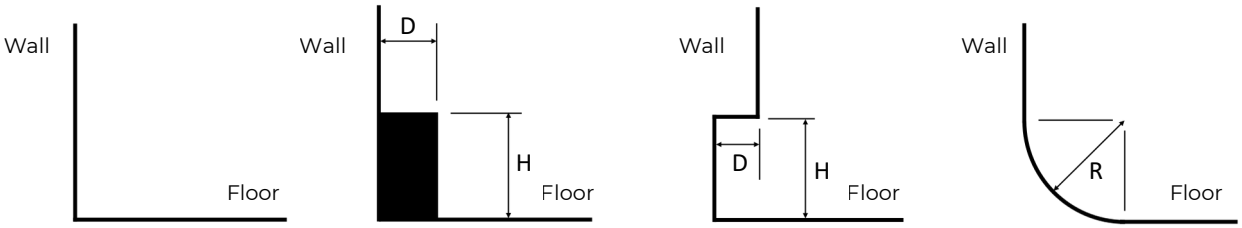
If no protruding rim exists on a particular wall, please write 'none' for that particular measurement.



Width	Height	
_____	_____	Front Rim (**FR**)
_____	_____	Back Rim (**BR**)
_____	_____	Left Rim (**LR**)
_____	_____	Right Rim (**RR**)

Existing Base Configuration:

Check the base below that most accurately details how base will look after existing panels are removed.

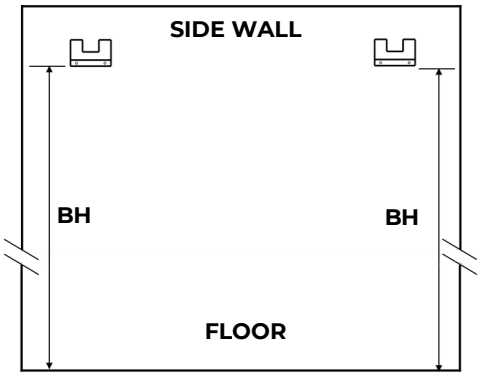


☐ Flush Base ☐ Protruding Base ☐ Recessed Base ☐ Radius Base

Base Depth (**D**): _____ Base Height (**H**): _____ Base Radius (**R**): _____

Disregard this section if there are no brackets mounted on the side wall.

Bracket Height (**BH**):_____

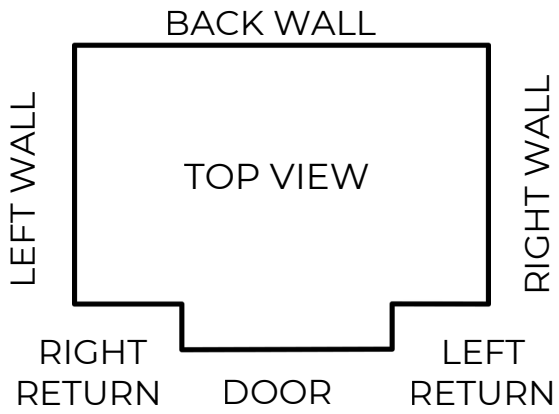


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Choose Desired Upgrade Options:



- ☐ Back Wall
- ☐ Left Wall
- ☐ Right Wall
- ☐ Left Return Wall
- ☐ Right Return Wall

Please note when marking return walls: Left/Right Reference is made from inside the cab, looking out. See reference drawing for clarification.

Specify Additional Notes / Concerns:

Please use this additional space to note any non-standard details about the cabs to be upgraded. Attach photographs here, or send scanned images / digital photos to our sales team: sales@quickcabs.com

* Reference the "Job Name" in the e-mail subject line so that we can assure the photos are placed with your file.