

Rapid Acting Door Enquiry

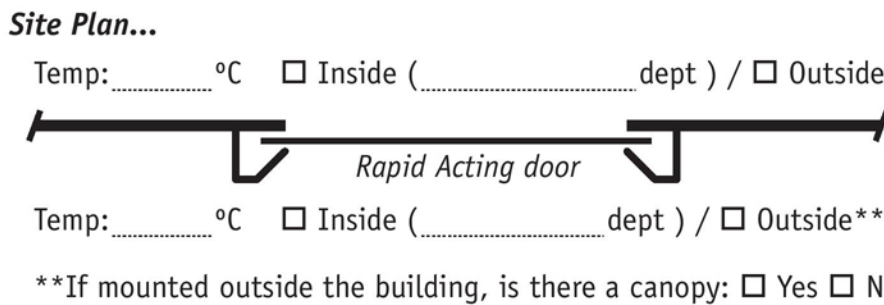
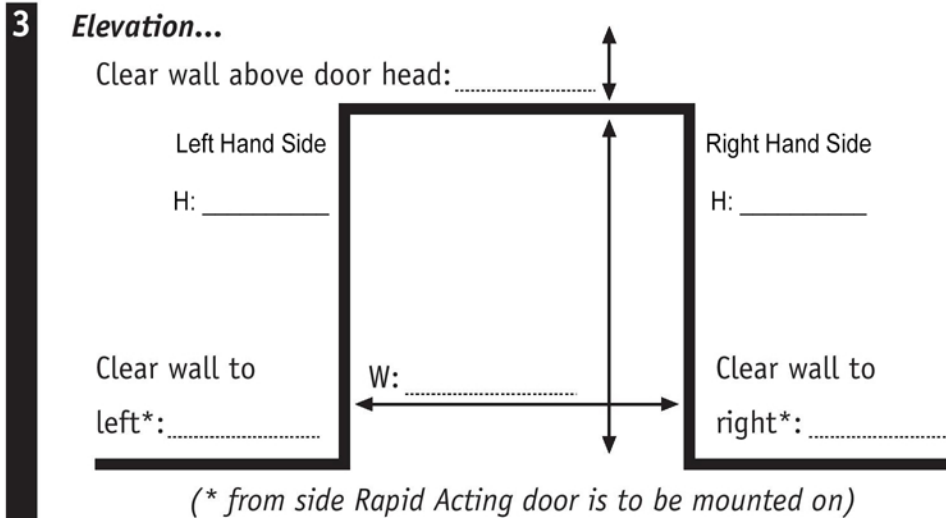
Issue N°: 2012-10-23



Commercial Door Solution Specialists

1 **Date:**
From (company name):
Postal address:
Site location:
Contact: **Ph:**
Title: **Mobile:**
Email:

2 Project / industry type:
 Purpose / aim:
 Door name(s):
 Preferred model(s):



4 Wind force / Pressure:
 Wind direction (indicate on diagram above)

5 Existing door installed: No Yes (Type:) (Side of opening:)
 Wall construction: Thickness:

6 Traffic (Type:) (Max movements/hr: 30 or under Over 30)
 Floor material: Conc Asphalt Other : Level Sloped / ramped:
 Wet-wash area: No Yes Fork-lift available: Yes No Scissor lift available: Yes No
 Power supply laid on: Single phase Three phase Conduit: Std Hygiene Concealed
 Site induction required: No Yes (hrs:) After hours installation required: No Yes

8 How did you / the client hear about us ?

7 Options

Drive
 Motor side: Left (std) Right
 Control box: Left Right

Controls
 Push buttons (.....)
 Radar (.....)
 Floor loops
 Radio (Pedestrian / Forklift)
 Number of remotes :
 Pull cords
 Ceiling fix (H:)
 Wall fix (extension bracket)
 Other (.....)

Curtain
 Colour:
 One piece Modular
 Std Heavy duty
 Windows (.....)
 Other:

Door
 Motor cover
 Top roll hood
 Dual emerg. opening (.....)
 Powder coat (.....)
 Stainless steel