



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		<input type="checkbox"/> EECO	<input type="checkbox"/> TKE
Starter <input type="checkbox"/> Sprecher + Schuh*				be 120 VAC		<input type="checkbox"/> Other: _____	
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: _____	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						

### 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 <sup>nd</sup> Grp Car Names: _____
<input type="checkbox"/> Emergency Generator <input type="checkbox"/> Intergroup		3 <sup>rd</sup> Grp Car Names: _____
Emergency Power <input type="checkbox"/> In Hall		4 <sup>th</sup> Grp Car Names: _____
Switch Location: <input type="checkbox"/> In Remote Fire Command Station	NOTE: Master group recalls first, followed by 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> .	

### 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: <input type="checkbox"/> F <input type="checkbox"/> R Car Calls
Termination: <input type="checkbox"/> Car Operating Panel	Front COP 2: <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: <input type="checkbox"/> F <input type="checkbox"/> R Car Calls
<input type="checkbox"/> By GAL, Weather Resistant	Rear COP 2: <input type="checkbox"/> F <input type="checkbox"/> R Car Calls

\*: Suggested, F: Front, R: Rear

<b>Car Position Indicator:</b> <input type="checkbox"/> MAD Giotto* <input type="checkbox"/> Digital Binary <input type="checkbox"/> MAD Matisse* <input type="checkbox"/> Multilight <input type="checkbox"/> MAD Raffaello* <input type="checkbox"/> 3 Character <input type="checkbox"/> CE Microcom <input type="checkbox"/> French (CE) <input type="checkbox"/> Emotive <input type="checkbox"/> Other: _____ <input type="checkbox"/> Vega <input type="checkbox"/> DL20		<b>Send COP Boards:</b> <input type="checkbox"/> To Fixture Manufacturer* <input type="checkbox"/> With Controller <input type="checkbox"/> To Customer Before Controller							
<b>Car PI Total Amount:</b> _____		<b>Inspection/Access Switches:</b> <input type="checkbox"/> 2-Position Access Enable Switch <input type="checkbox"/> 2-Position In-Car Inspection Switch <input type="checkbox"/> 3-Position Inspection/Access Switch							
<b>Voice Annunciator:</b> <input type="checkbox"/> MAD* <input type="checkbox"/> CE Microcom <input type="checkbox"/> Other: _____		<b>Handicap Buzzer:</b> <input type="checkbox"/> Passing Floor Tone <input type="checkbox"/> Car Call Acknowledgement Tone <input type="checkbox"/> Qualified by S Button							
<b>Car Lanterns:</b> <input type="checkbox"/> Discrete* <input type="checkbox"/> CE Microcom <input type="checkbox"/> Other: _____		<input type="checkbox"/> Auxiliary Fire Switch <input type="checkbox"/> Remote Car Call <input type="checkbox"/> Sabbath Service							
<b>Car Lantern Audible Signal:</b> <input type="checkbox"/> Chimes* <b>Car Lantern Current:</b> _____ A <input type="checkbox"/> Gongs		<b>Car Operation:</b> <input type="checkbox"/> Attendant Operation <input type="checkbox"/> Car Switch Operation <input type="checkbox"/> With Annunciator Lights							
<b>HALL SIGNAL FIXTURES</b>									
<b>Hall Position Indicator:</b> <input type="checkbox"/> MAD Giotto* <input type="checkbox"/> Digital Binary <input type="checkbox"/> MAD Matisse* <input type="checkbox"/> Multilight <input type="checkbox"/> MAD Raffaello* <input type="checkbox"/> 3 Character <input type="checkbox"/> CE Microcom <input type="checkbox"/> French (CE) <input type="checkbox"/> Emotive <input type="checkbox"/> Other: _____ <input type="checkbox"/> Vega <input type="checkbox"/> DL20		<b>Hall Lanterns:</b> <input type="checkbox"/> Serial* <input type="checkbox"/> CE Microcom <input type="checkbox"/> Other: _____							
<b>Hall PI Total Amount:</b> _____ <b>Hall PI Size:</b> _____ In.		<b>Hall Lanterns In:</b> <input type="checkbox"/> All Floors* <input type="checkbox"/> Lobby Only							
<input type="checkbox"/> High Water Input and Reset		<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							
<b>SECURITY</b>									
	<b>Car Call Security</b>		<b>Group Car Call Security</b>		<b>Hall Security</b>		<b>Floor Security</b>		
	Secure	Override	Secure	Override	Secure	Override	Secure	Override	
<b>Security Activation</b>	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"/>
<b>Security Access</b>	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"/>
<b>Hugs Security:</b> <input type="checkbox"/> Standard <input type="checkbox"/> With Bypass <input type="checkbox"/> In Car <input type="checkbox"/> In Machine Room		<b>Push Button Car Call Sec. Override:</b> <input type="checkbox"/> With Acknowledgement Light <input type="checkbox"/> Without Acknowledgement Light							

<input type="checkbox"/> Inconspicuous Riser Security	<input type="checkbox"/> Car Call Security Indicator
<b>HOISTWAY FEATURES</b>	
Number of Standard Risers: _____	<input type="checkbox"/> VIP Service
Number of Swing/Inconspicuous Risers: _____	<input type="checkbox"/> TUGs Service
Car(s) on Swing Risers: _____	<input type="checkbox"/> Code Blue
<input type="checkbox"/> Lobby Up Request Button	<input type="checkbox"/> Heliport Service
	<input type="checkbox"/> MA Emergency Medical
	<input type="checkbox"/> Hoistway Lighting Pilot Relay (Fire Service)
<b>DOOR EQUIPMENT</b>	
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.	
<b>MONITORING</b>	
GALileo <input type="checkbox"/> Machine Room Work Station*	<b>Liftnet Complete System Configuration:</b>
Monitoring: No. Monitors: _____	No. of Groups: _____
No. M.R.: _____	No. of Locations: _____
Distance between M.R.: _____ Ft.	No. of Cars per Group: _____
<input type="checkbox"/> On-Site Work Station	No. of Computers: _____
NOTE: Connect to <input type="checkbox"/> Off-Site Remote Work Station	No. of Printers: _____
GALaxy eHydro App <input type="checkbox"/> On-Site Display Monitor	No. of UPS Units: _____
via WiFi in M.R. <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: _____	
<b>MACHINE ROOM OPTIONS</b>	
<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



