INTEFLEX™
STACKING MODULAR WALL PANEL SYSTEM

Inteflex Interior Survey

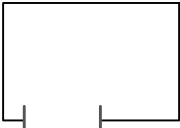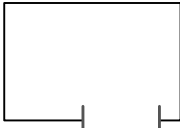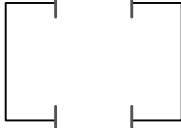---

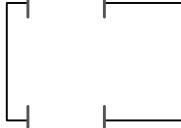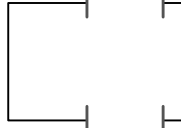Job Site Address:_____

Elevator #:_____

Date:_____

Survey By:_____

Cell Number:_____

Complete survey in its entirety.
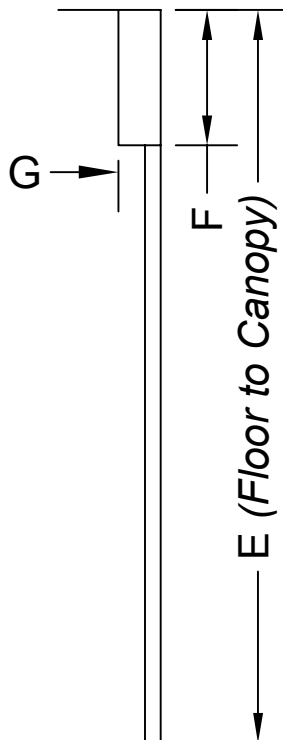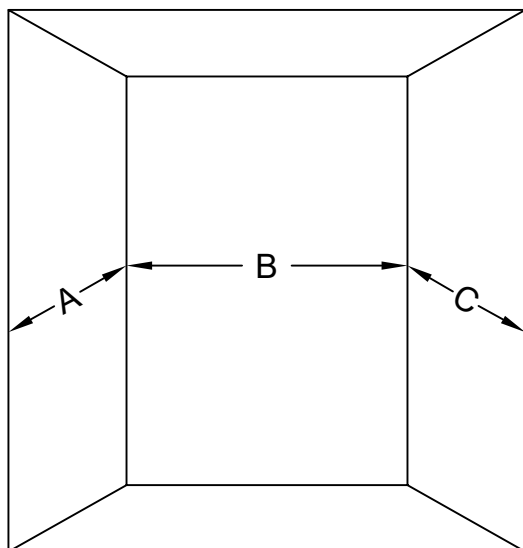**Send survey sheets and pictures to:**
Sales@ElevatorInteriors.net

Cab Construction			
Metal	Wood	Skeleton	Other:_____
☐	☐	☐	☐

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1. Cab Layout

☐ A   ☐ B   ☐ C   ☐ D   ☐ E   ☐ F   Sketch door entrances   ☐ Other

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2. Cab Dimensions

Right Wall (A): _____

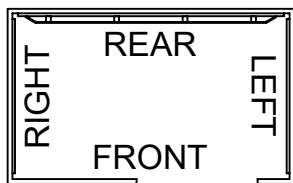Rear Wall (B): _____

Left Wall (C): _____

Strike Reveal (D): _____

Cab Height (E): _____

Transom Height (F): _____
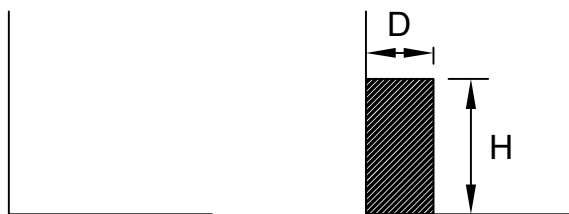
Transom Overhang (G): ____

Door Opening Width: _____

Door Opening Height: _____

G

F

E (Floor to Canopy)

REAR

RIGHT

LEFT

FRONT

D *(If applicable)*
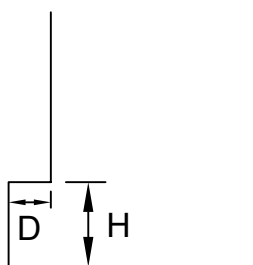
3. Wall Base Obstructions

If existing wall bases are to be removed or none exists, select Flush.
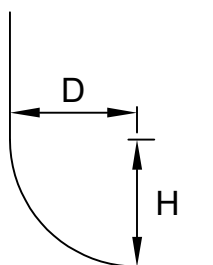
☐ Flush
☐ Toe Kick
☐ Other (Draw Base)
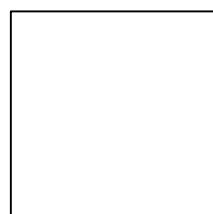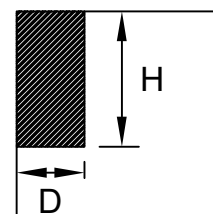
☐ Recessed
☐ Radius

Front   Sides   Rear
☐   ☐   ☐

Base Depth (D): _____ Base Height (H): _____

4. Ceiling Obstructions

If existing ceiling obstructions are to be removed or none exists, select Flush.
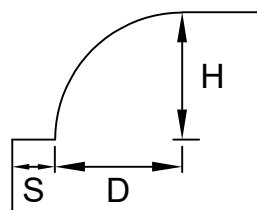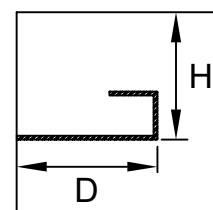
☐ Flush
☐ Shroud/Soffit
☐ Other (Draw Obst.)

☐ Radius Cove
☐ Light Cove

Front   Sides   Rear
☐   ☐   ☐

Obst. Depth (D): _____ Obst. Height (H): _____
Step Depth (S): _____

5. Canopy/Ceiling

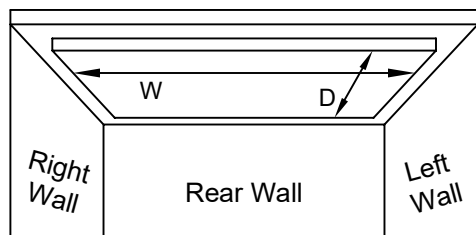☐ Check here if you are ordering a new ceiling.
If not, is existing ceiling side mounted? ☐ No ☐ Yes

Existing ceiling width (W): _____

Existing ceiling depth (D): _____

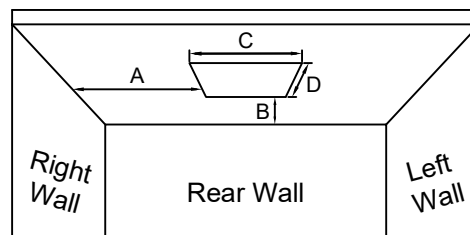Existing ceiling drop: _____
(Canopy to ceiling face)

Emergency Exit Location
From Right Wall (A): _____
From Rear Wall (B): _____
Exit Width (C): _____
Exit Depth (D): _____

6. Photos

Please provide us with photos of locations that are circled on the drawing. If there are any parts of the cab that are unusual to other cabs you may have seen before (wall bases, ceiling obstructions, protrusions, cut-outs, COP in wall, etc.) *take pictures!* This will help us make certain design choices to avoid any issues.