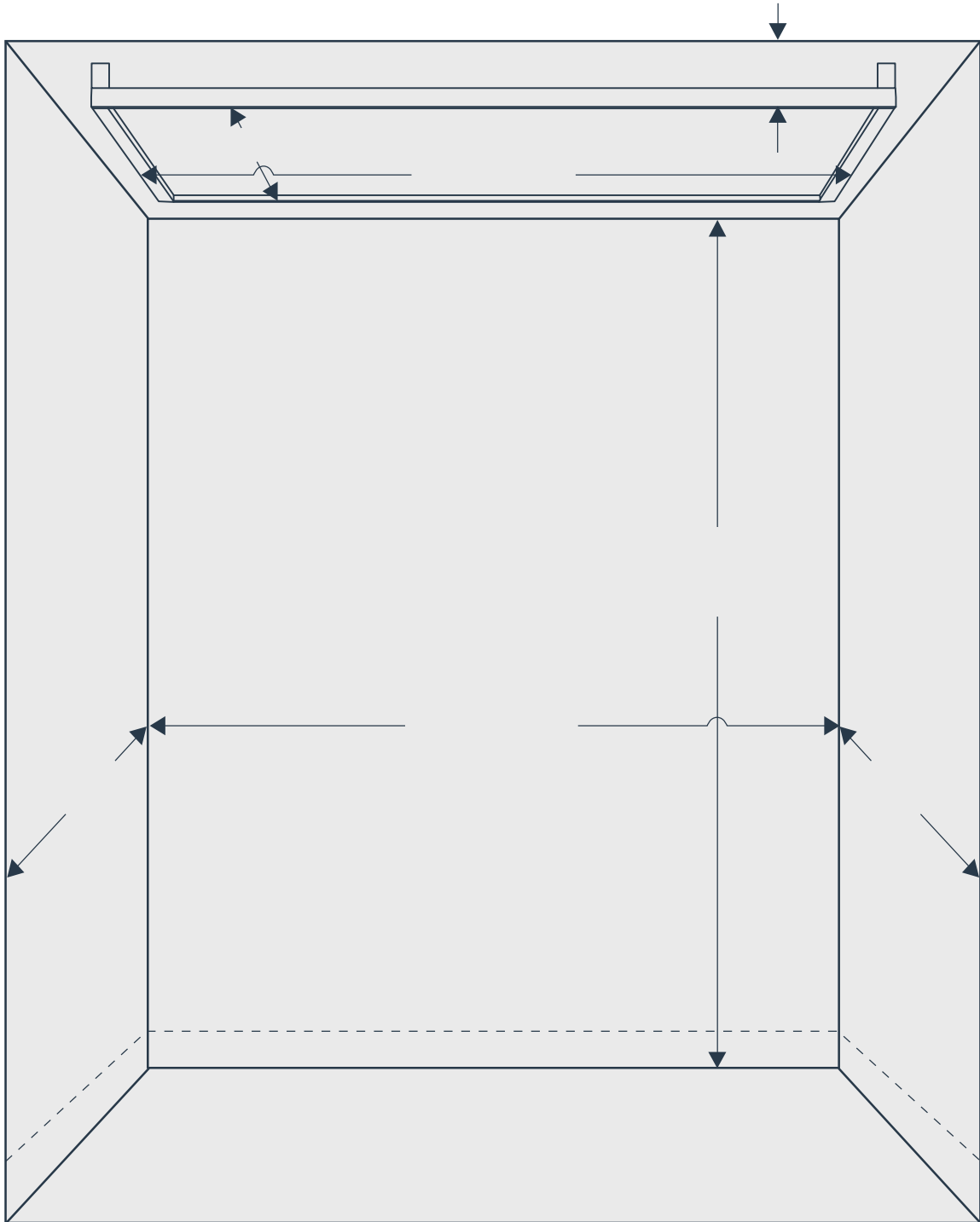




# SITE SURVEY



**1. Client Information**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Site Information**

Site Address: \_\_\_\_\_

ECR Project Number: \_\_\_\_\_ Quote Version \_\_\_\_\_

**3. Pictures: For best results, please include photos of:**

- **Rear Corners**

Left Hand Side Top .....

Left Hand Side Bottom .....

Right Hand Side Top ....

Right Hand Side Bottom .....

- **Front Corners**

Left Hand Side Top .....

Left Hand Side Bottom .....

Right Hand Side Top ....

Right Hand Side Bottom .....

- **Floor at Sill** .....

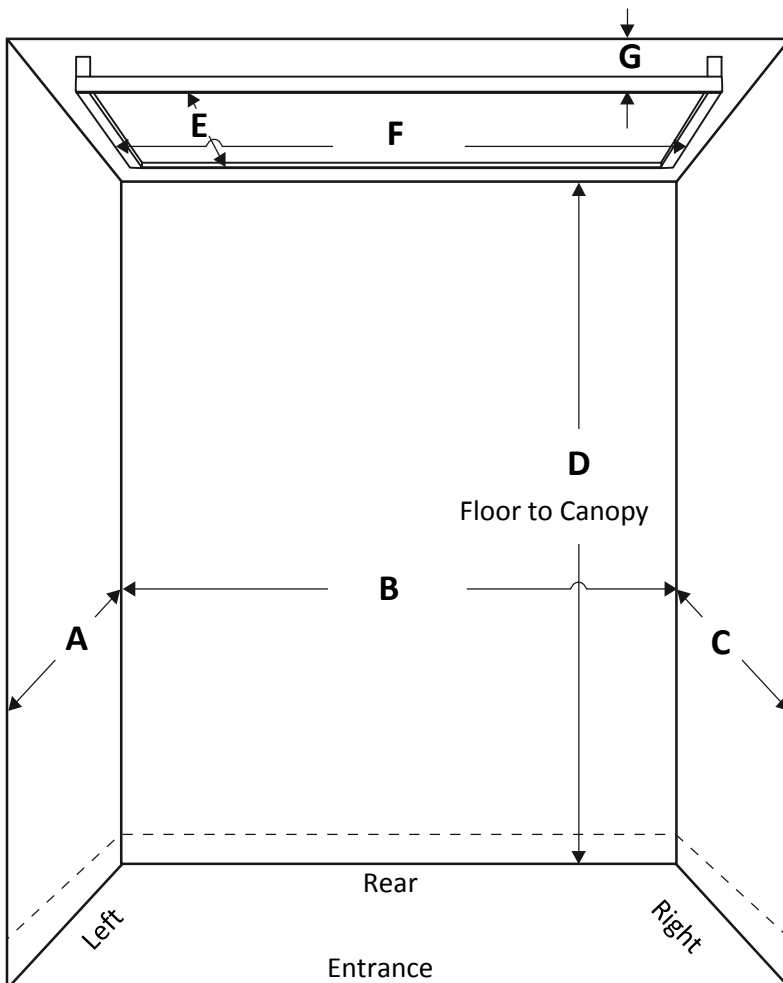
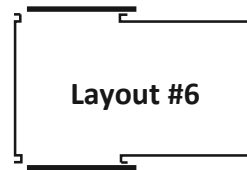
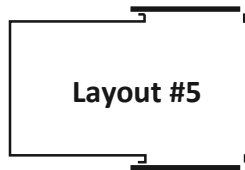
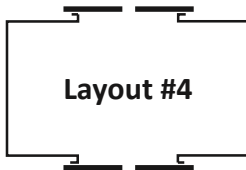
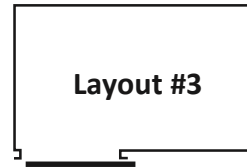
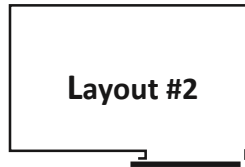
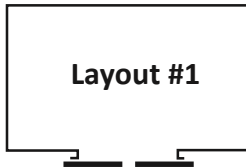
- **Ceiling at Hatch** .....

- **Any Other Details that you think will add clarity** .....

**4. Cab Construction, Layout and Dimensions**

- Solid Shell
- Rail and Style Open Shell Construction

Please indicate which drawing matches your cab layout.



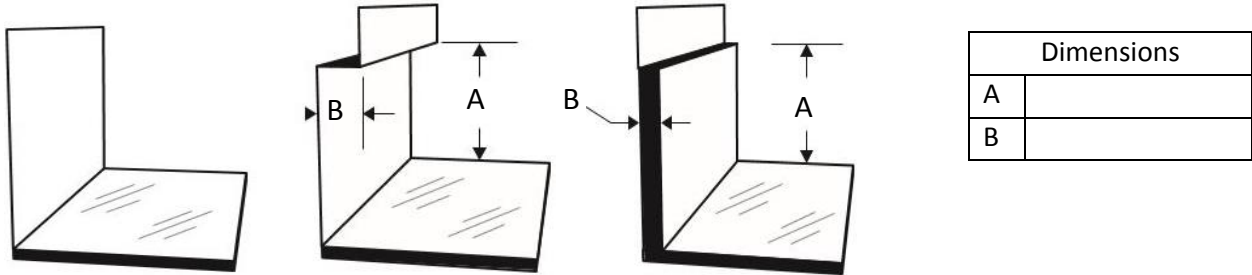
	Dimension
A	
B	
C	
D	
E	
F	
G	

**Note:**

1. Required dimensions are shell to shell (i.e.: with panels removed)
2. Dimensions E, F and G required only if suspended ceiling is to remain.
3. Dimension D is floor to Canopy

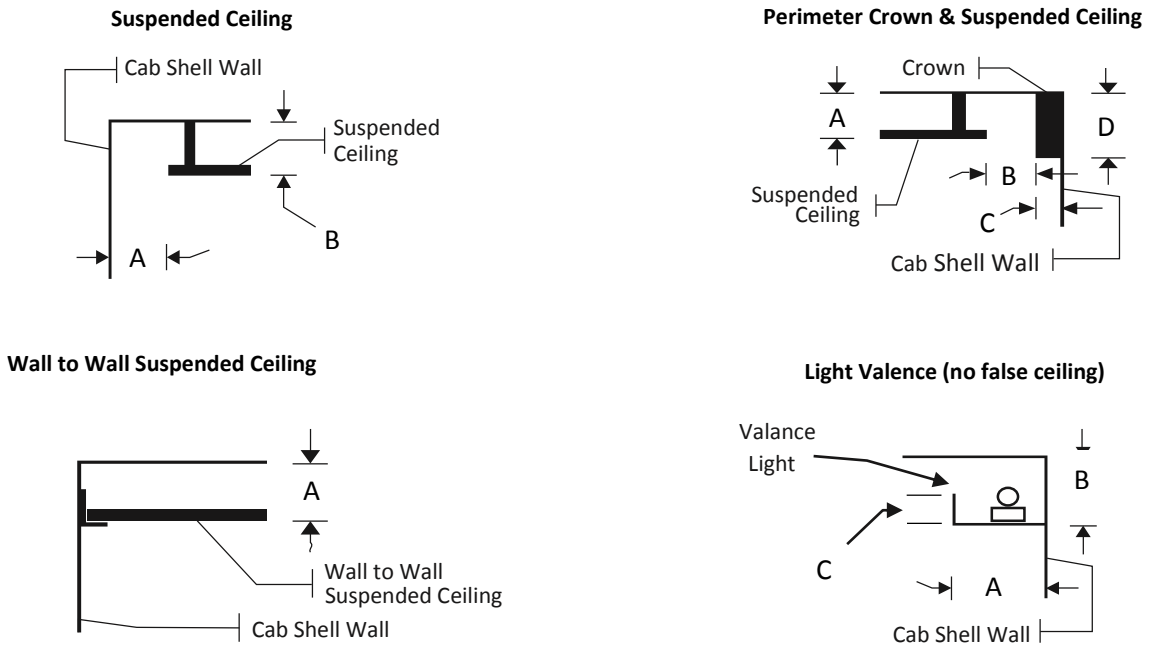
**5. Kick Plate Profile**

Please circle the kick plate that matches the one in your cab, with the panels removed, and fill in the dimensions.



**6. Ceiling Profile**

Please circle the ceiling profile that best matches the one in your cab and fill in the dimensions.



Dimensions (please fill in the applicable dimensions for the above indicated ceiling type)				
	Entrance Wall	Left Side Wall	Right Side Wall	Rear Wall
A				
B				
C				
D				

**7. Cab Canopy**

Please record the dimensions in the boxes on the ceiling plan. Fill this section in only if a new false ceiling is required.

