

D-Flector Field Survey Form

Escalator Information

Location:

Manufacturer:

Model:

ID or Contract Number:

Total Number of Visible Steps:
(include each step partially hidden by the comb as one full step - required to calculate rise)

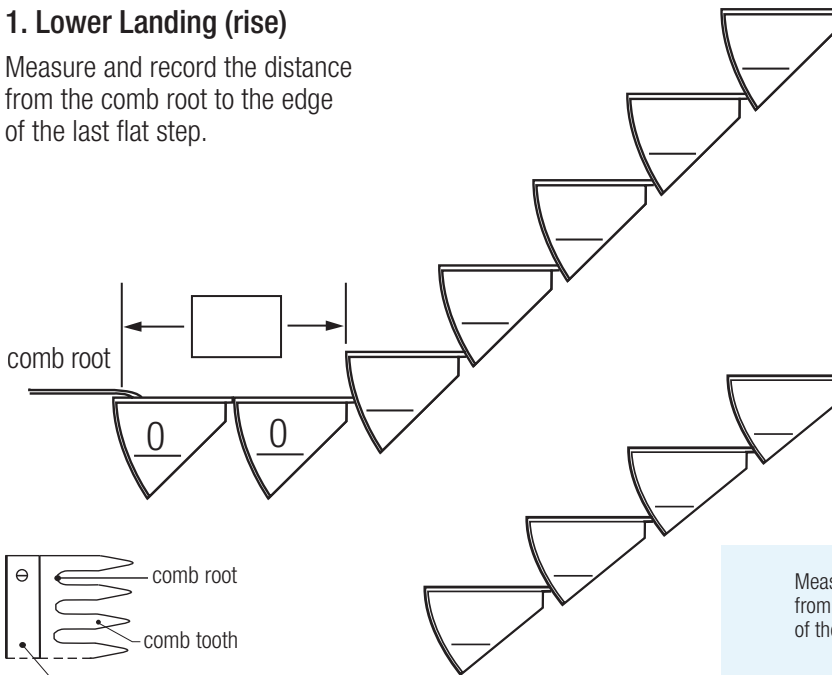
For assistance with this form, call 1-905-432-3200 Monday to Friday 8:00am to 4:30pm EST or 1-905-431-6103 after hours.

Measuring Landing Areas

Measure the step height from one step to the next and record the dimensions inside the step. For lower landing, measure the rise from the previous step. For upper landing, measure the drop from the previous step. Measurements should be within 1mm or 1/16 of an inch. (See example, bottom right.)

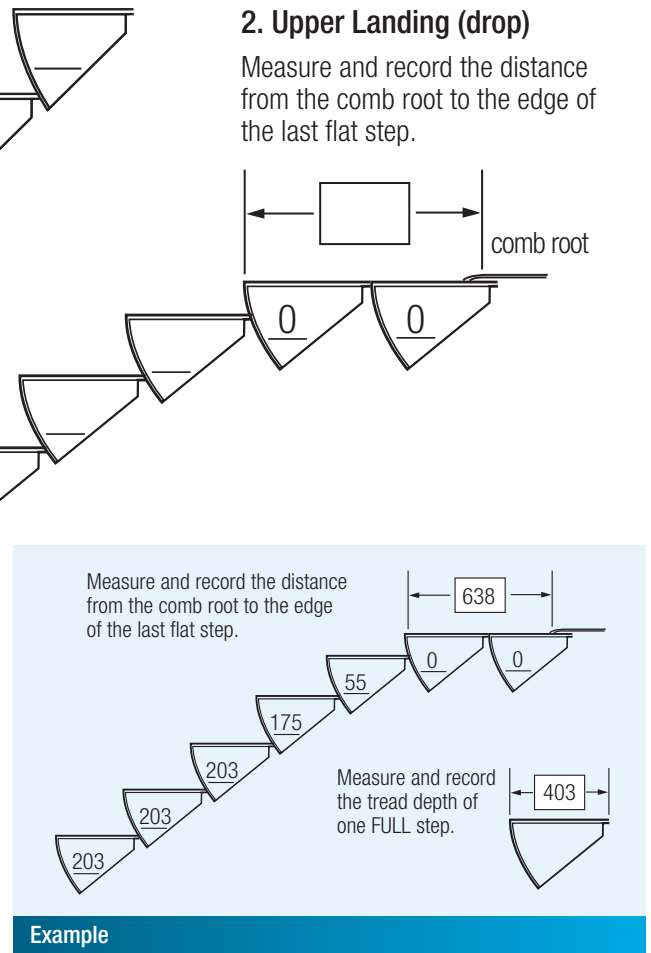
1. Lower Landing (rise)

Measure and record the distance from the comb root to the edge of the last flat step.



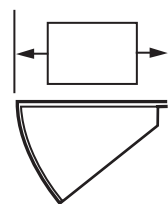
2. Upper Landing (drop)

Measure and record the distance from the comb root to the edge of the last flat step.



3. Step Width

Measure and record the tread depth of one FULL step.



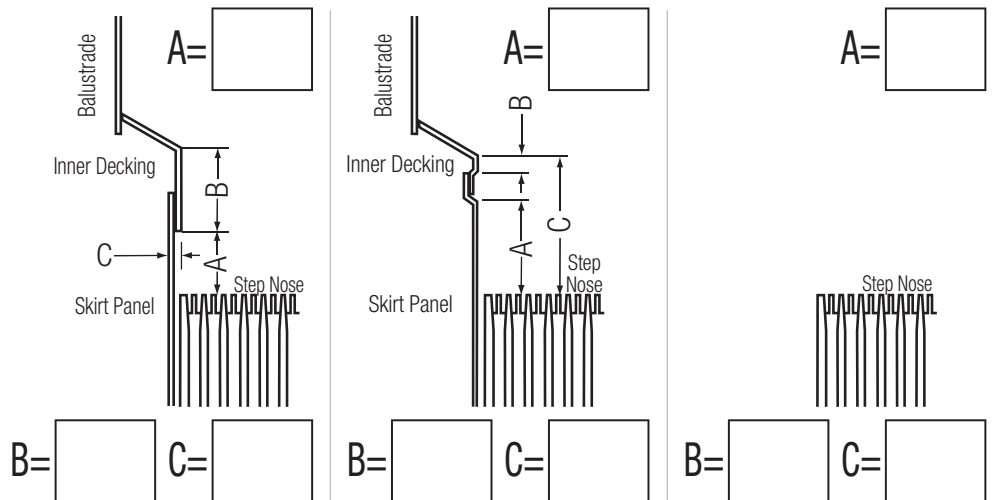
Example

D-Flector Field Survey Form (p. 2)

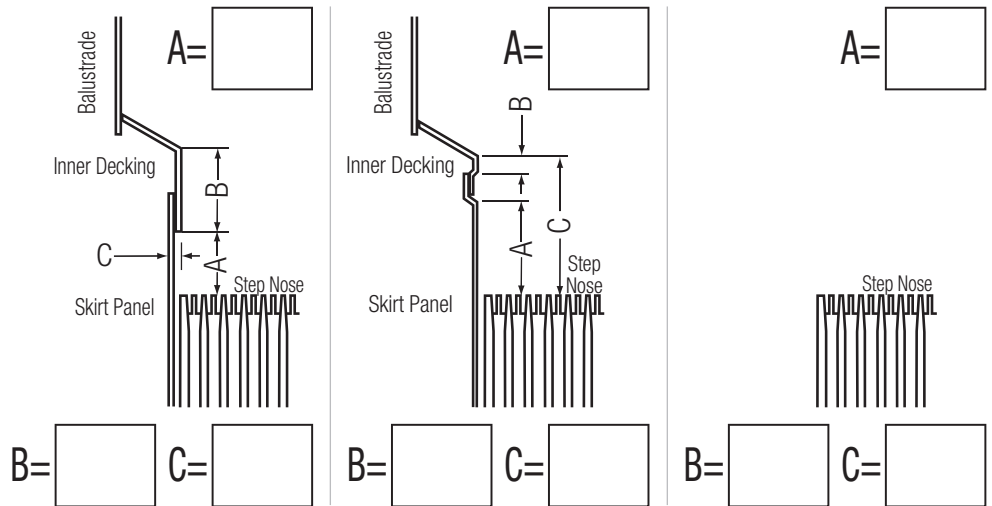
Skirt Panel Measurements

Choose the diagram that best resembles the escalator and document the dimensions measured vertically above the step nose. If none of the drawings resemble the skirting, sketch and document the dimensions in the space provided. (Dimensions within 1 mm or 1/16 inch.)

Landing Measurements



Incline Measurements



Materials

- | | | | | | | |
|----------------|--------------------------------|---|-----------------------------------|----------------------------------|-------------------------------|---------------------------------|
| Balustrade: | <input type="checkbox"/> Glass | <input type="checkbox"/> Solid (i.e. metal) | <input type="checkbox"/> Other: | | | |
| Inner Decking: | <input type="checkbox"/> Steel | <input type="checkbox"/> Stainless Steel | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Plastic | <input type="checkbox"/> Wood | <input type="checkbox"/> Other: |
| Skirt Panel: | <input type="checkbox"/> Steel | <input type="checkbox"/> Stainless Steel | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Plastic | <input type="checkbox"/> Wood | <input type="checkbox"/> Other: |