ODYSSEY
Luxury Home Elevators

Pre- Installation Survey

Customer Name :_____ Date : _____

Contact Number :_____ In-Time : _____

Technician Name :_____ Out-Time: _____

Technician Number : _____

Current Stage of Construction: _____

Model:

Installation Type : ☐ Indoor ☐ Outdoor ☐ Semi-Outdoor.

No. Of Stops : ____

Floor Measurement:

	Previous Visit	Present	Difference
0 to 1			
1 to 2			
2 to 3			
Headroom			
Total Travel			
Total Shaft			

*All dimensions are in mm.

Electrical Requirements

		Available	Not Available	NA
1 Stabilizer	:	☐	☐	☐
2 Power Supply (Single / Three)	:	☐	☐	☐
3 Power Socket & MCB	:	☐	☐	☐
4 Earthing (Copper-2Nos)	:	☐	☐	☐
5 Power Backup Area	:	☐	☐	☐

Shaft Details:

		Yes	No	NA
1 Core Cutting in Plumb	:	☐	☐	☐
2 Shaft in Plumb	:	☐	☐	☐
3 Shaft Painted and Plaster	:	☐	☐	☐
4 Base floor in Sprit Level	:	☐	☐	☐
5 Scaffold Availability	:	☐	☐	☐
6 Pit Area	:	☐	☐	☐

PHOTOS OF THE CURRENT BUILDING:

1 Outside from the property	:	☐
2 From ground floor	:	☐
3 All Landing Floor	:	☐
4 Showing the pit	:	☐
5 Inside the shaft top view	:	☐
6 Top of the shaft down view	:	☐
7 Power Pack Area		☐
8 Explain with Video showing All Floor, any obstacles, General Video,Measurement etc	:	☐

Remarks:

Excutive Details

Technician Name 1 : Technician Name 2 :

Signature :

Customer Acknowledgement: (Customer / Responsible person)

Name :
Contact Number :
Date :
Customer Remarks (If Any) :

Signature :