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PROJECT SPECIFICATION FORM <u>UML-21</u> CONTROL SYSTEM					
Please mark in the relevant square, In case of opposite doors - a cross section of shaft as well, and send it by fax or by					
email.					
Customer Names		Oudon No.	Ich Names	Dalissaus D)
Customer Name:_	······································	Order No:	Job Name:	Delivery R	req:
Type of Control:	Hydraulic 🗌	Traction 2 Sn	eeds 🗌		
Type of Control: Hydraulic Traction 2 Speeds A.P.B Down Collective Simplex No. of Stops (Up to 16):					
Max Traveling Speed (m/sec): 0,8 1 1,2 Other Speed:					
Traction Motor Rr	ake Voltage	(V) Rra	ke Economizer R	esistor	OHMS)OO
If Hydraulic Please	e Name The Tyne	Of The Pumn	Ke Leonomizei K	Evacuation Valv	e (V)
Starting: Direct S	Start Star/	Delta Soft-S	Start 🗆	Lvacuation vary	(*)
Motor Power:	, Seminary	(KW)	(HP)		(I/Nominal)
Electric Ratings:	(H	(Z) Mains Supply:	(111)	(V) Car Light:	Vac
Electric Ratings:(HZ) Mains Supply:(V) Car Light: VacOthers:					
Doors: Car Door Operator: Automatic Without Door Type Of Door Operator:					
Type Of Shaft Doors: Automatic Manual Type Of Shaft doors: Door Dc Braking Resistor Door Braking Voltage: V A					
Door Dc Braking Resistor Door Braking Voltage: V					
Opposite Two-Side Doors Operation , (Normal , Selective) Doors Canceling from Control Panel					
• •	•			· ·	_
Safeties (Volt)	Retiring Cam	Signalization	Door	Motor	Motor Fan
	(Vdc)	(Vdc)			
48	48	18	3*110	1*220	220
60	60	24	3*125	2*380	2*220
80	80		3*220		3*380
110	110		3*380		
Other	Other	Other	Other		Other
Comments:					
Floor Position Ind			_	_	
SDL-3 (1 Inch 1 Digit) SDL-4 (1 Inch 2 Digits) SDL-13 (2 Inch I Digit) Quantity:					
SDL-23 (2 Inch 1 Digit) SDL-23A(2 Inch 1Digit+Arrows) SDL-24(2 Inch 2Digits)					
SDL-24A (2Inch 2Digits+Arrows) Quantity:					
SDL-2A(Direction Arrows) Quantity: GNG-4 (2 Sound Gong), Quantity: Quantity:					
Position Indicators Marks:					
Special Functions:					
Out of service Independent Attendant Loading Control Door Close Nudging					
Re-Leveling Power Factor Capacitor (COS f) Thermistor Amplifier					
Observations					

Name: ______ Date: _____ Signature: _____