

Safety Brush Order & Survey Form

Safety Brushes Made Easy!



Customer Information

Company Name _____
 Branch Office _____
 Tax ID # _____

Billing Address _____

 Ph # _____ Fax # _____

Order Information

Purchase Order # _____
 Requested Ship Date _____
 Order Placed By _____
 Date Of Order _____

Shipping Address _____

 Shipping Method _____
 Special Instructions _____

Select Brush Style

Select Fastener Package

MG1 - Heavy Duty

Self Drilling, Robertson #8

Machine Screw, Socket Head - 10/32

10/32 Nylock Nut
 10/32 Nutsert
 10/32 Tap

MG3 - Std. Product

Self Drilling, Robertson #8

Machine Screw, Roberson # 8

8/32 Nylock Nut
 8/32 Nutsert
 N/a: Not Required

Job Site Survey

Building Name _____

Job Site Address _____

Make Of Escalator _____

→ Same As Shipping Address

Escalator Model # _____

Authority Having Jurisdiction _____

Measured Escalator Length _____
 (Measured from comb tip to comb tip & in accordance with survey instructions)

Code Observed A17 B44 Other _____

Number Of Units @ This Length One Two Four

Unit #'s (if applicable) _____

Floor #'s _____ Up Down

Floor #'s _____ Up Down

Choose the illustration that best matches your skirt design by placing a in the appropriate box & Completing The "A" Dimension

Skirt Construction: Stamped Stainless Stainless Over Wood Extruded Aluminum Skirt

Draw Your Own

A = _____
 Measured Along Incline

A = _____
 Measured Along Incline

A = _____
 Measured Along Incline

A = _____
 Measured Along Incline