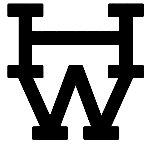


HOLLISTER-WHITNEY ELEVATOR CORPORATION

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Phone: (217) 222-0466 Fax: (217) 222-0493 www.hollisterwhitney.com
Email: kgrace@hollisterwhitney.com

FIELD SURVEY DATA FORMS

1. New and existing installations require a set of the job specifications, a set of the architectural and structural drawings, and all applicable information listed on the enclosed Form #E-120.
2. Existing installations that are being rehabbed also require thorough field surveys of the existing hoistway and machine room indicating the size and construction of all existing equipment that is to be retained.
3. The field survey data forms that follow are for basic arrangements only and it may be necessary to include additional sketches for arrangements that are cornerpost, have a basement set machine, are 2:1 roped, or are large freight applications, etc.



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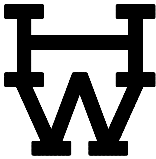
ATTENTION: _____ ELEV. NO.: _____
COMPANY: _____ H-W NO.: _____
FAX NO.: _____ FROM: _____
JOB NAME: _____ DATE: _____

WE REQUIRE ALL INFORMATION CHECKED TO PROCESS YOUR **LAYOUT DRAWINGS:**

- 1. A set of job specifications.
- 2. A set of architectural drawings and structural drawings pertaining to the elevator.
- 3. A field survey showing existing hatch size, hatch door location and size, machine room size and access door location, pit depth, floor heights, overhead heights, and the size and location of existing equipment to be retained including guide rails, machine beams, or any other existing elevator equipment.
- 4. ASME A17.1 Code compliance to which year revision: 1996 / 2000 / or fill in: _____
- 5. Seismic risk zone (as defined in the legacy U.S. building codes): 0 & 1 2 3 4
- 6. If in a seismic risk zone 2 or greater, is this job required to adhere to all seismic requirements per Code including the use of seismic guide rail fishplates? _____
- 7. Weight of cab enclosure + doors (or gates)? _____ Weight of door operator? _____
- 8. For existing cars that are to be retained, what is the existing "total" car weight: _____
- 9. Overall cab height? _____
- 10. Finished flooring thickness? _____ Material? _____ Total Weight? _____
- 11. Motor prints are required for motors supplied by you and shipped to us for mounting to our machine:
Verify motor mfr.: _____ Verify "Full Load" R.P.M.: _____
- 12. For hoist motors that are to be supplied by H-W, verify the power supply: _____
- 13. Controller mfr.? _____ Control cabinet sizes? _____
- 14. Method of outer car & cwt. guide rail bracket attachment to the structure?
c.m.u. inserts _____ concrete anchors _____ steel framing _____
- 15. For guide shoes by you, verify mfr. _____ & model no. for car: _____ & cwt.: _____.
- 16. Other: _____

- 17. Layouts will be emailed in .pdf format to your email address of: _____

NOTE: We will not proceed with fabrication of equipment until an approved layout is returned to us.



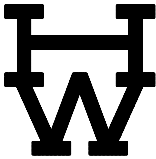
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ATTENTION: _____ ELEV. NO.: _____
COMPANY: _____ H-W NO.: _____
FAX NO.: _____ FROM: _____
JOB NAME: _____ DATE: _____

FOR GEARLESS MACHINE APPLICATIONS WE REQUIRE THE ADDITIONAL
INFORMATION CHECKED TO PROCESS YOUR LAYOUTS:

- 1. Machine manufacturer: _____
- 2. Machine model number: _____
- 3. Weight of machine (incl. sub-base assembly if supplied by machine mfr.): _____
- 4. Required roping 1:1 or 2:1: _____
- 5. Single-wrapped or double-wrapped: _____
- 6. Traction sheave diameter: _____
- 7. Deflector sheave diameter (if supplied by machine mfr.): _____
- 8. Deflector sheave weight (if supplied by machine mfr.): _____
- 9. Number and size of hoist ropes: _____
- 10. Rope Pitch (center to center of grooves): _____
- 11. Horsepower: _____ R.P.M. _____ Amps _____
- 12. Counterweight %: _____
- 13. Compensation: Yes / No
- 14. Machine weight / loading distribution diagram from machine mfr.
- 15. Dimensional outline drawing of the machine (and sub-base assembly if used).
- 16. Other: _____



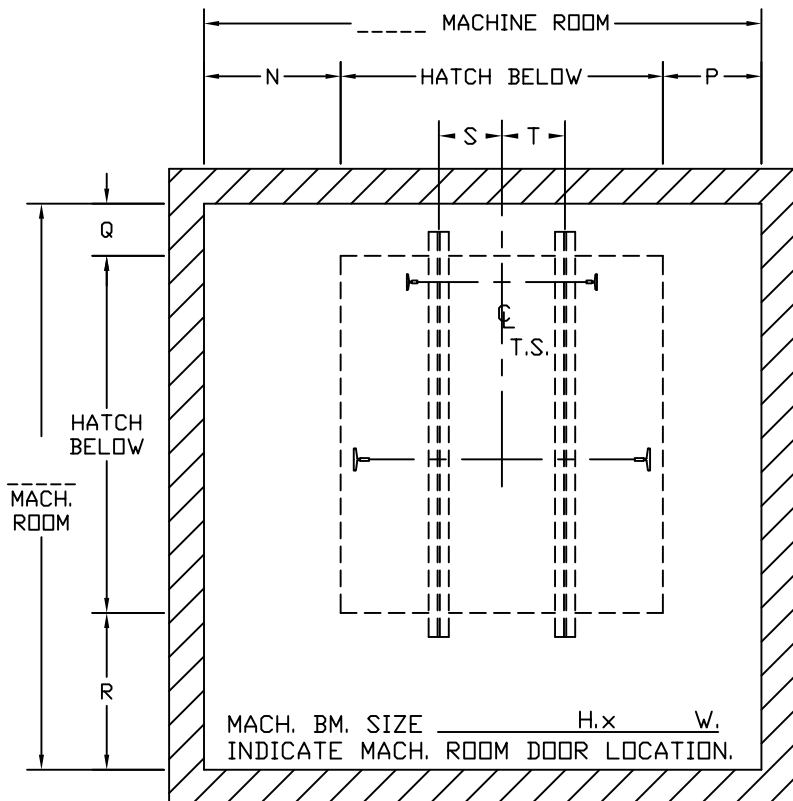
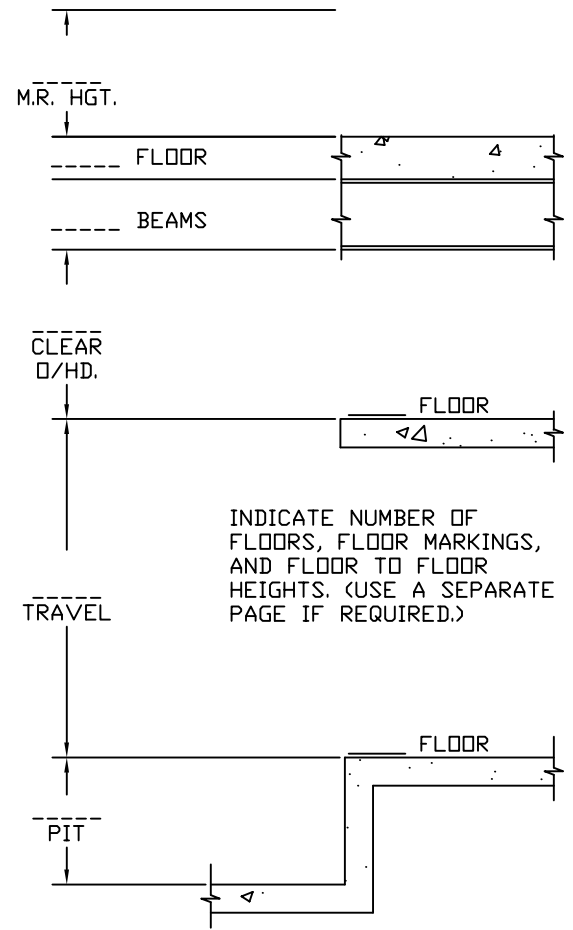
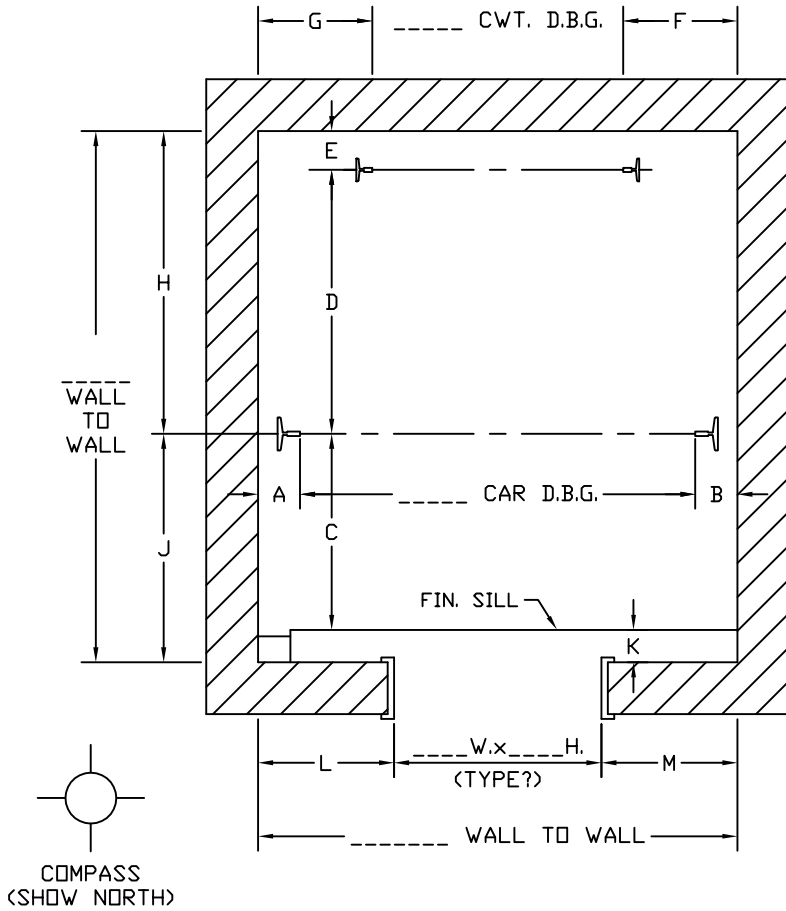
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ATTENTION: _____ ELEV. NO.: _____
COMPANY: _____ H-W NO.: _____
FAX NO.: _____ FROM: _____
JOB NAME: _____ DATE: _____

WE REQUIRE ALL INFORMATION CHECKED TO DO FINAL ENGINEERING FOR FABRICATION:

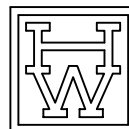
- 1. A copy of your layout drawings, if not prepared by H-W.
- 2. For jobs that H-W prepared the layout drawings, return one copy of layout # _____ marked "Approved - Proceed With Fabrication" with any required revisions noted.
- 3. Certified motor outline dimension prints.
- 4. A car door sill detail from the cab manufacturer.
- 5. A car station cut-out detail from the fixture manufacturer.
- 6. Verification of method and location of rail bracket attachment to the structure. For outer steel framing we must know the size of steel and the location of center of beams to the clear hatch wall lines (supply structural drawings or field surveys).
- 7. Purchase order for the equipment if job was originally for layouts only (contact our sales department.)
- 8. Other: _____



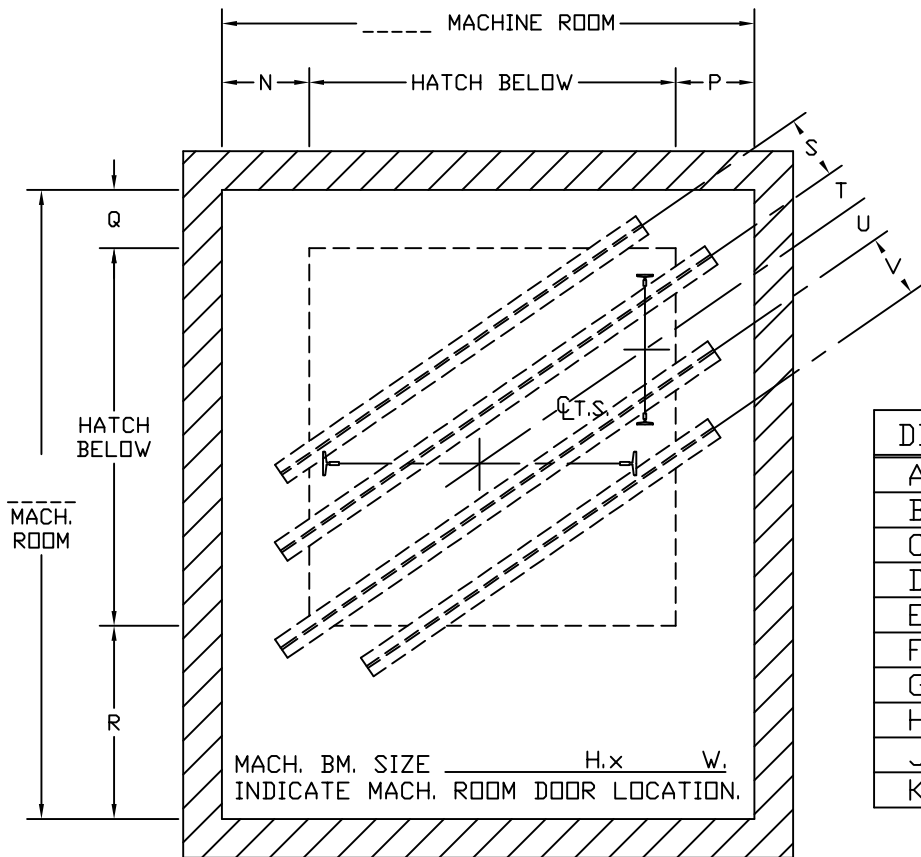
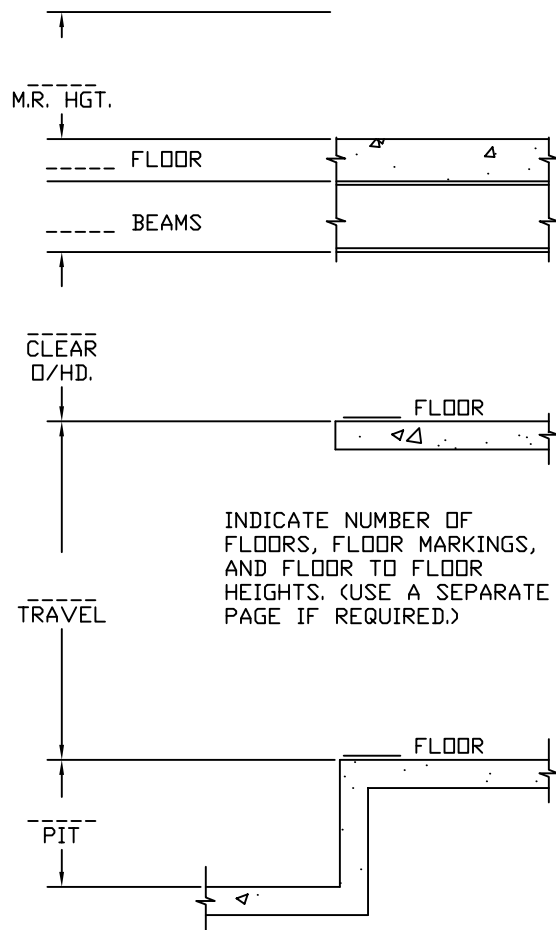
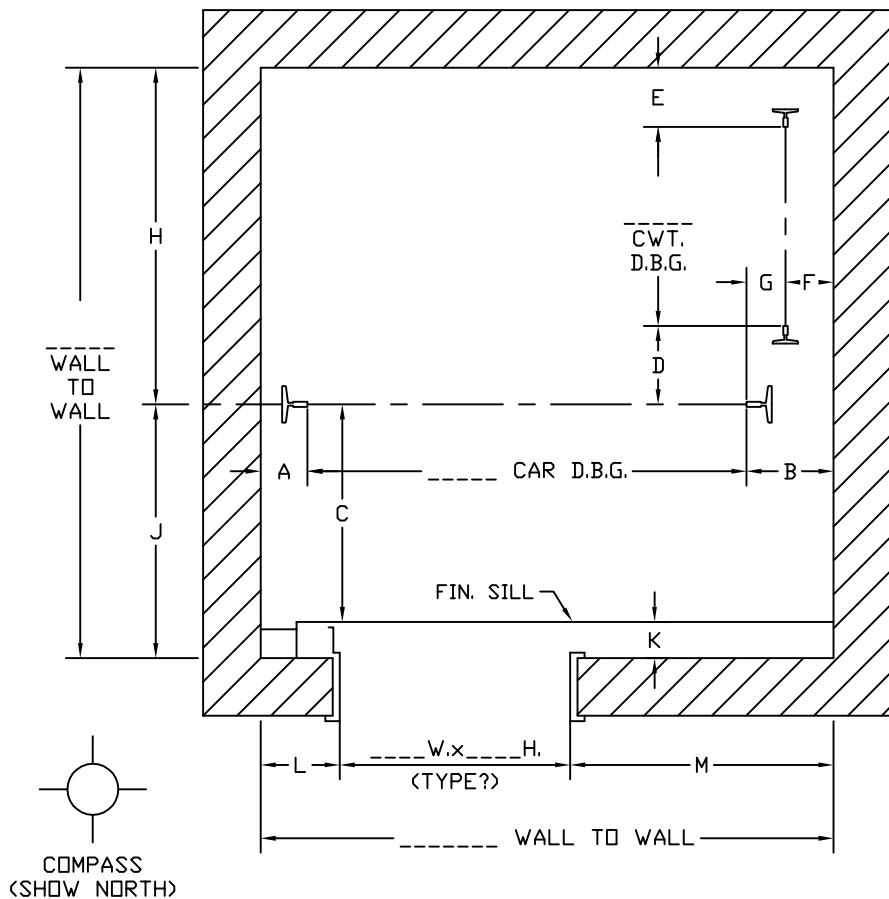
RAIL DIMENSION		
	CAR	CWT.
BACK		
HGT.		
FACE		
LB./FT.		

DIMENSIONS AT TIGHTEST POINT			
A		K	
B		L	
C		M	
D		N	
E		P	
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ELEV. CONTRACTOR _____
 JOB NAME _____
 ELEVATOR NO. _____ DATE _____
 H-W JOB NO. _____



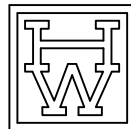
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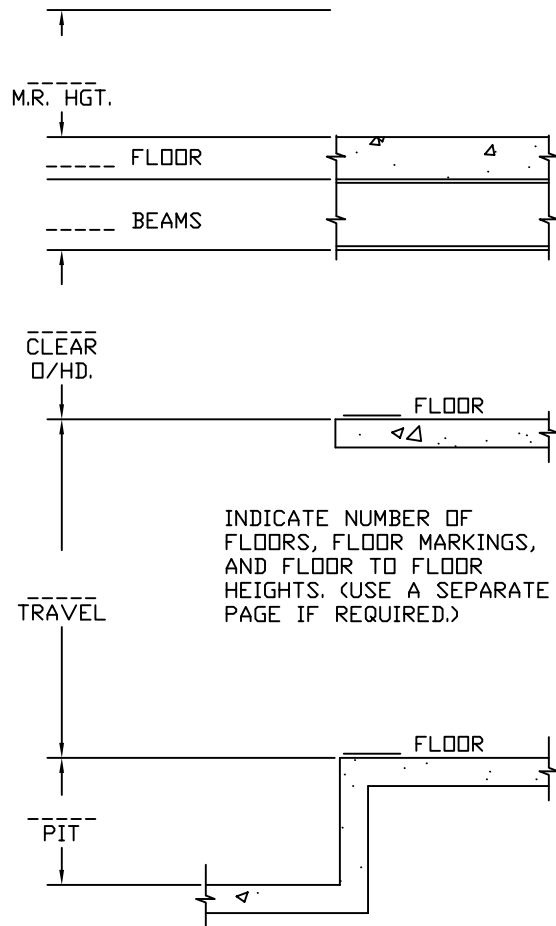
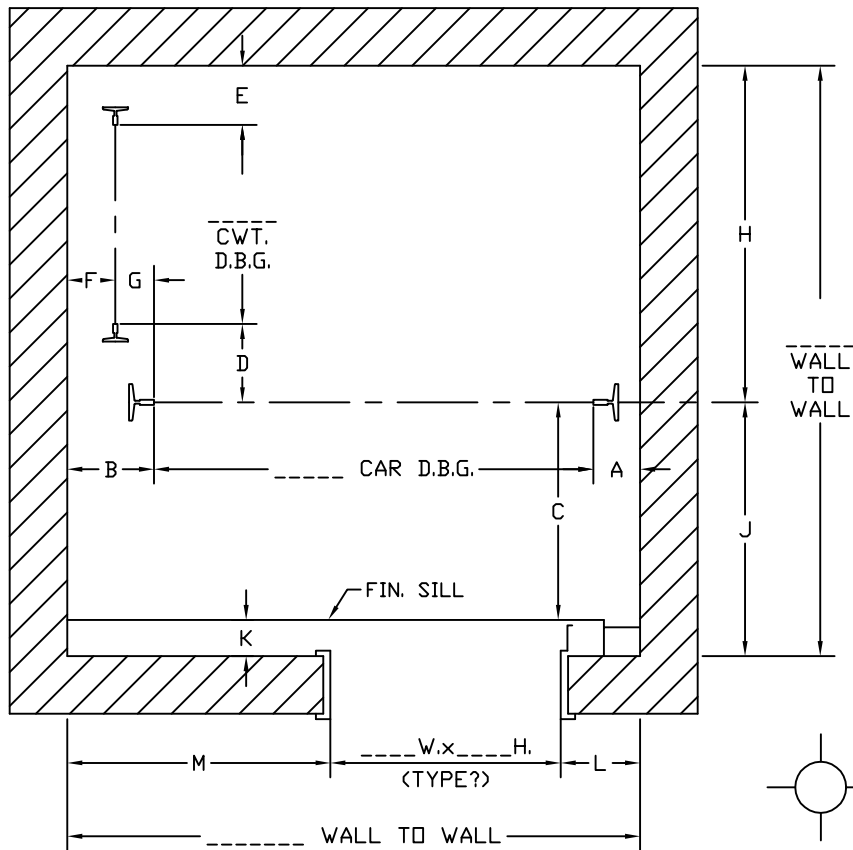
RAIL DIMENSION		
	CAR	CWT.
BACK		
HGT.		
FACE		
LB./FT.		

DIMENSIONS AT TIGHTEST POINT			
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J		U	
K		V	

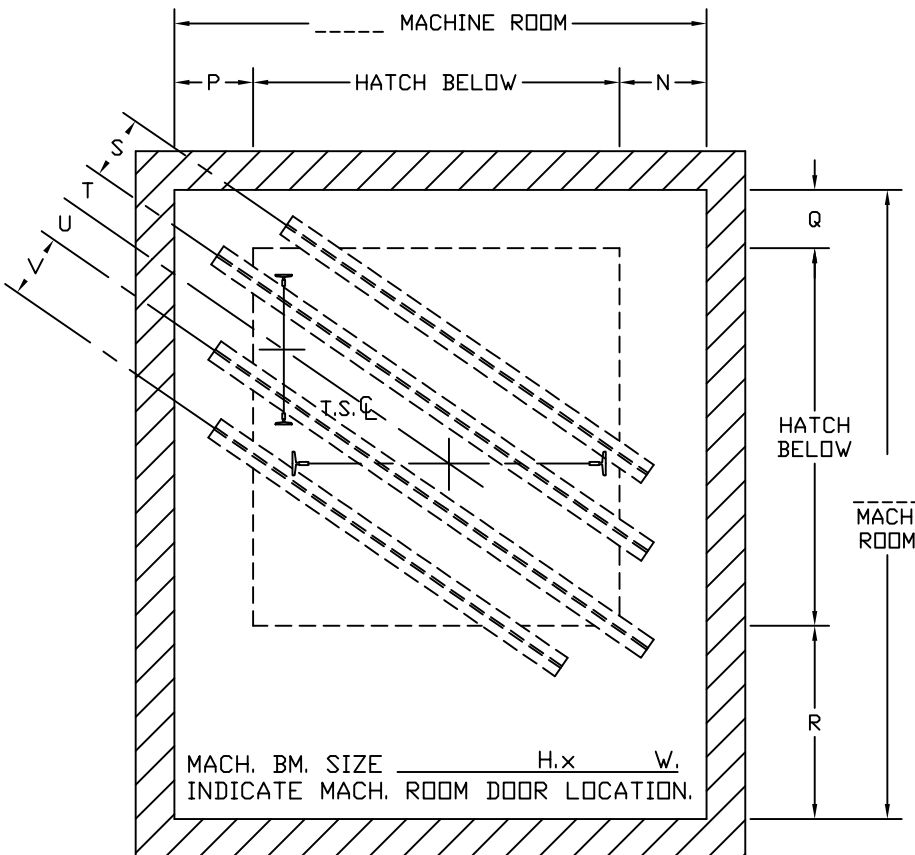
ELEV. CONTRACTOR _____
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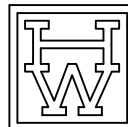
INDICATE NUMBER OF FLOORS, FLOOR MARKINGS, AND FLOOR TO FLOOR HEIGHTS. (USE A SEPARATE PAGE IF REQUIRED.)



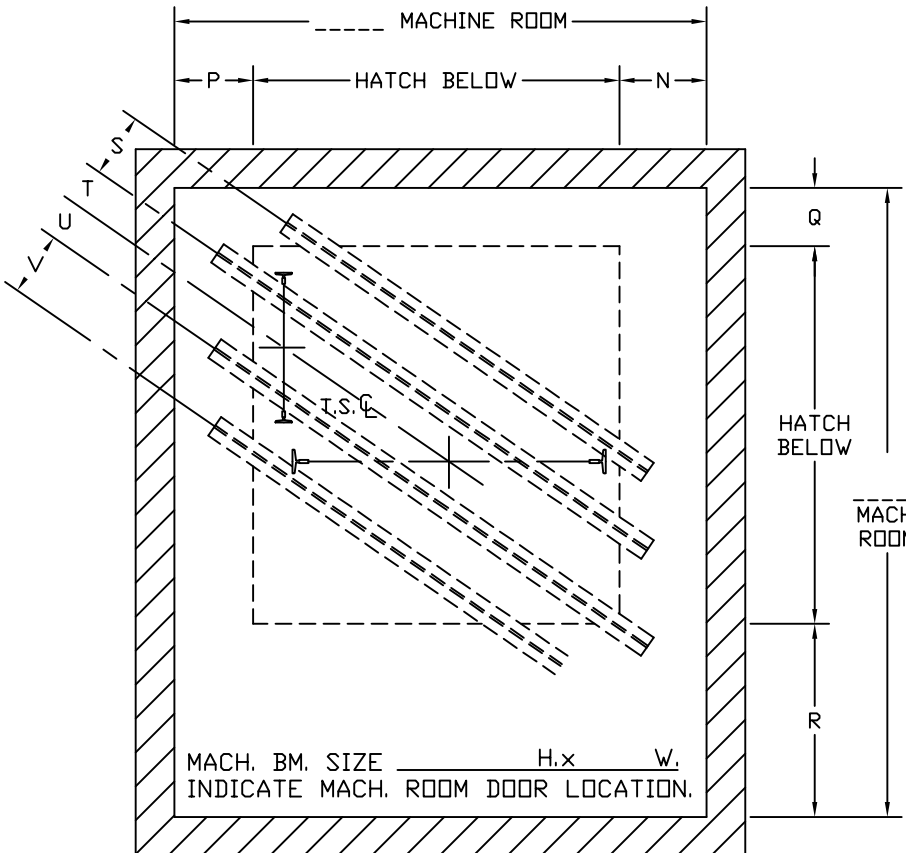
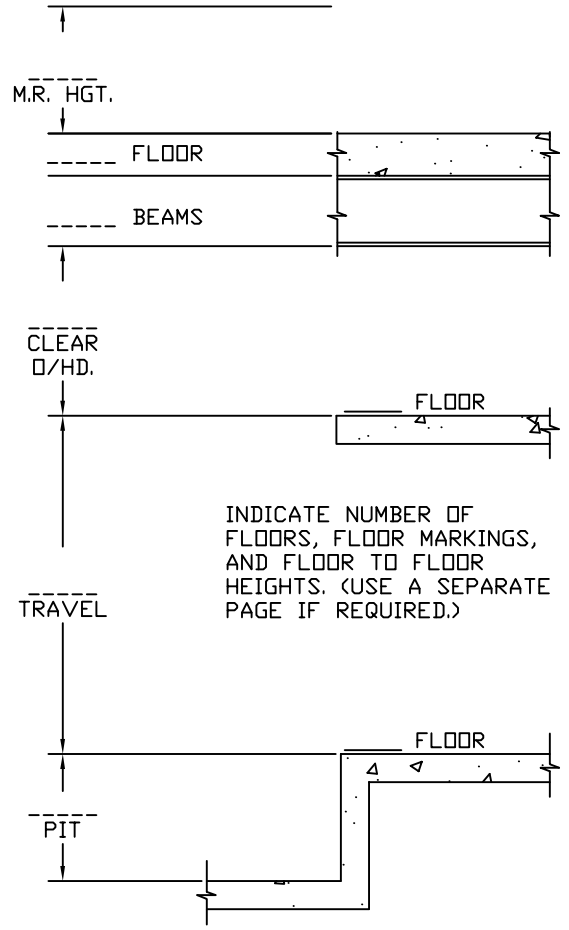
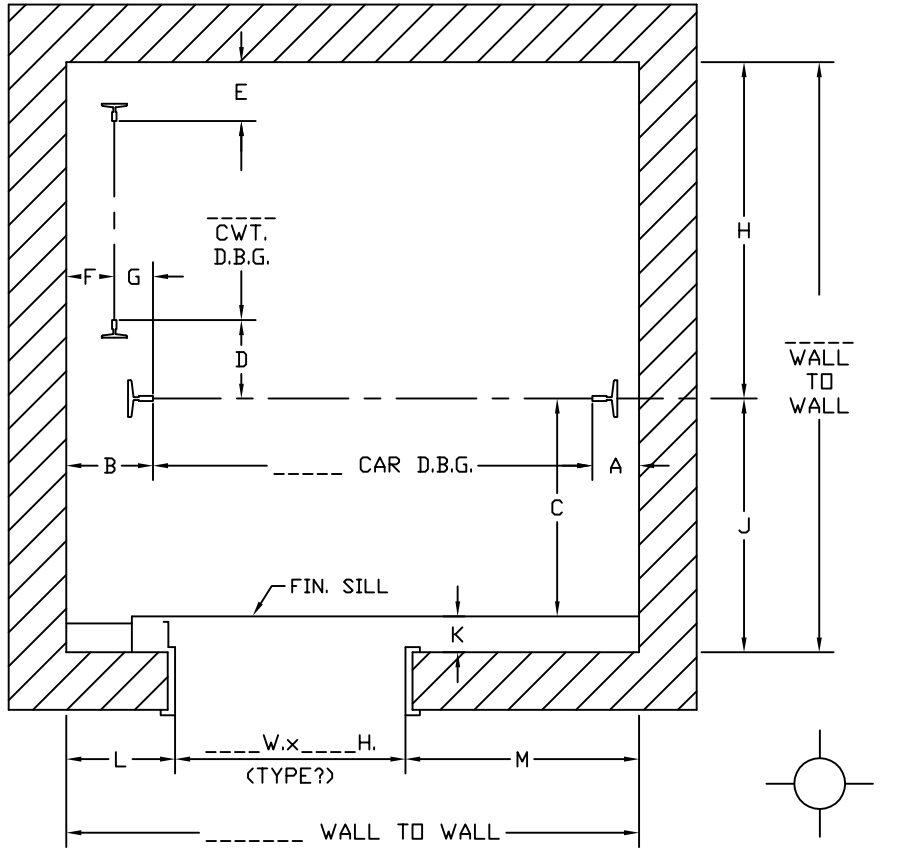
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	CAR	CWT.
BACK		
HGT.		
FACE		
LB./FT.		

DIMENSIONS AT TIGHTEST POINT			
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E		Q	
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J		U	
K		V	

ELEV. CONTRACTOR _____
 JOB NAME _____
 ELEVATOR NO. _____ DATE _____
 H-W JOB NO. _____



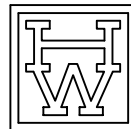
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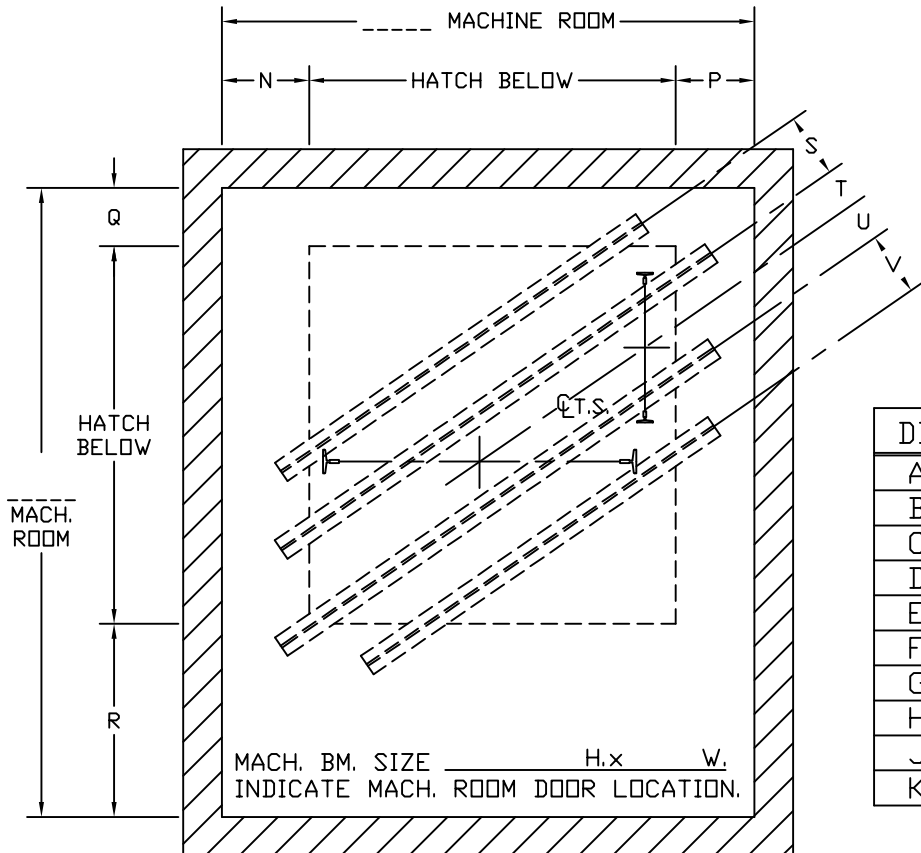
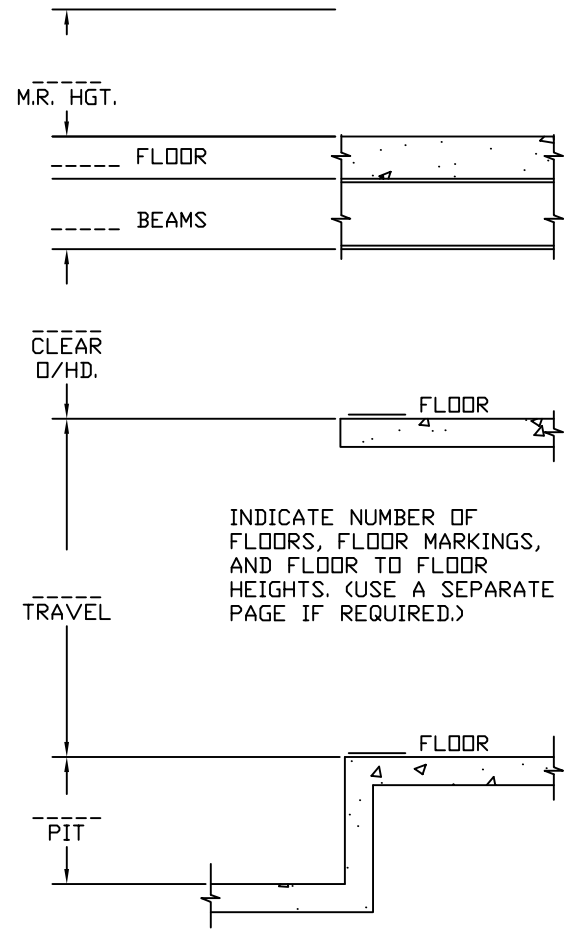
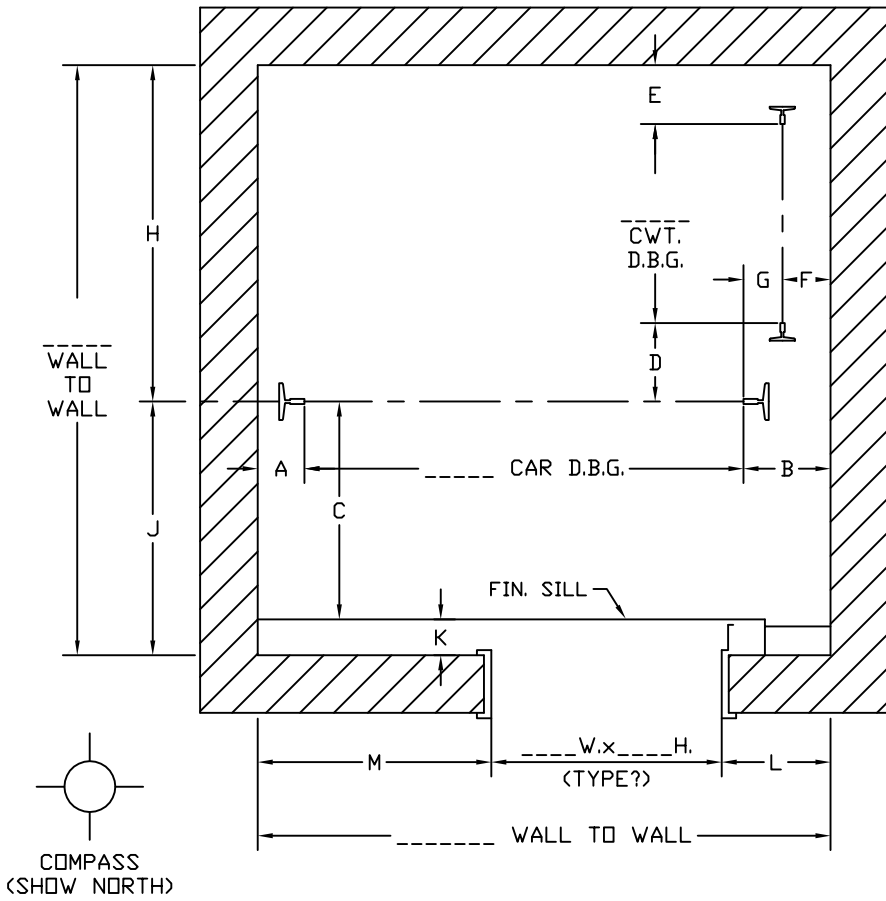
RAIL DIMENSION		
	CAR	CWT.
BACK		
HGT.		
FACE		
LB./FT.		

DIMENSIONS AT TIGHTEST POINT			
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B		M	
C		N	
D		P	
E		Q	
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G		S	
H		T	
J		U	
K		V	

ELEV. CONTRACTOR _____
 JOB NAME _____
 ELEVATOR NO. _____ DATE _____
 H-W JOB NO. _____



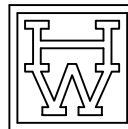
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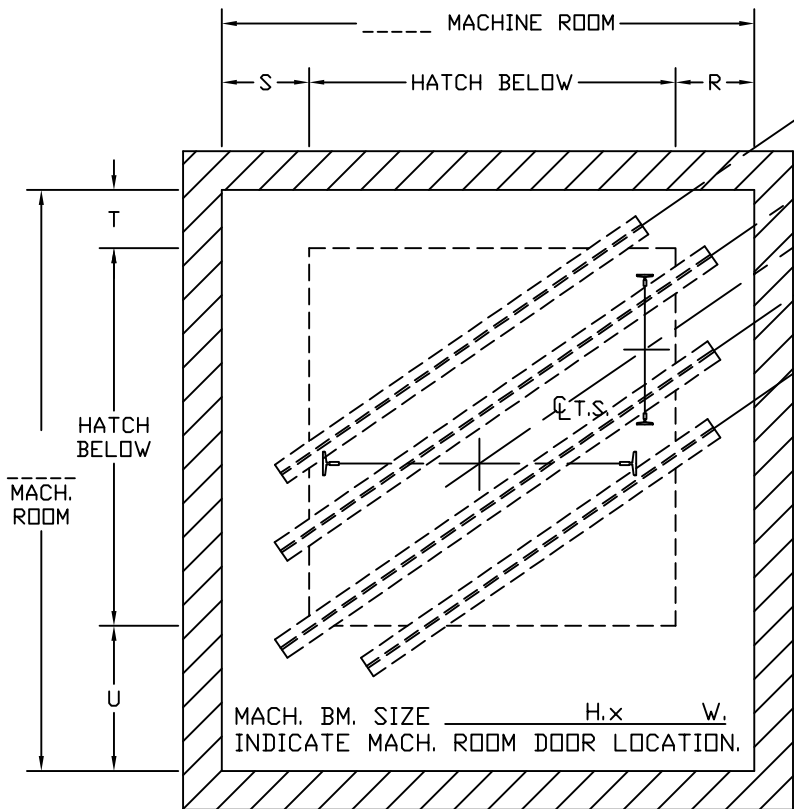
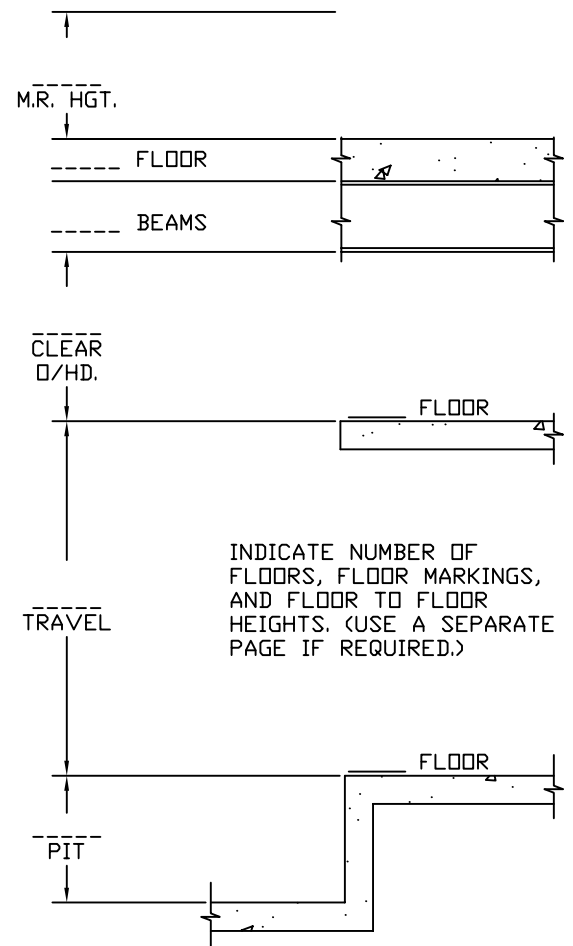
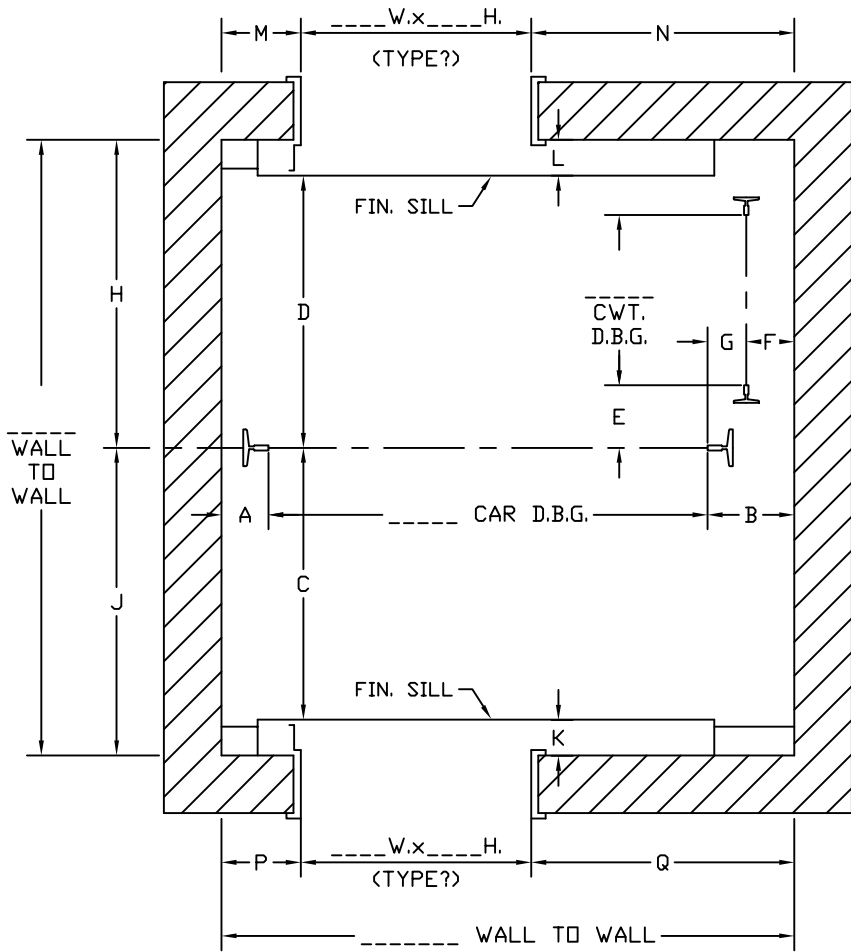
RAIL DIMENSION		
	CAR	CWT.
BACK		
HGT.		
FACE		
LB./FT.		

DIMENSIONS AT TIGHTEST POINT			
A		L	
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C		N	
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E		Q	
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H		T	
J		U	
K		V	

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 JOB NAME _____
 ELEVATOR NO. _____ DATE _____
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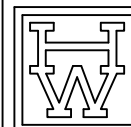
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RAIL DIMENSION		
	CAR	CWT.
BACK		
HGT.		
FACE		
LB./FT.		

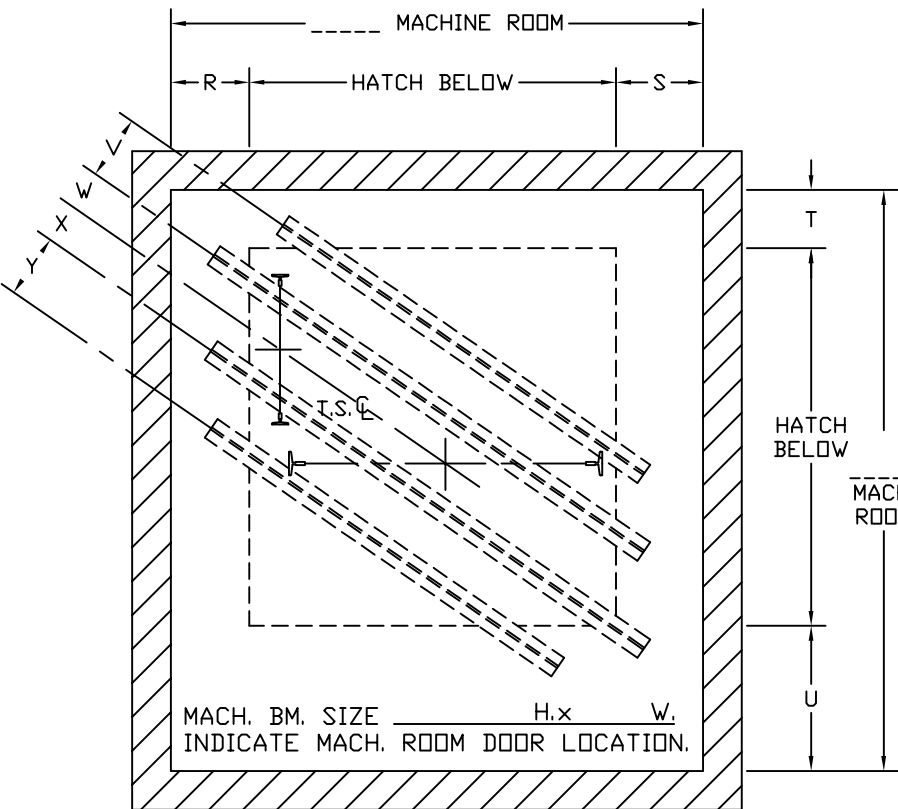
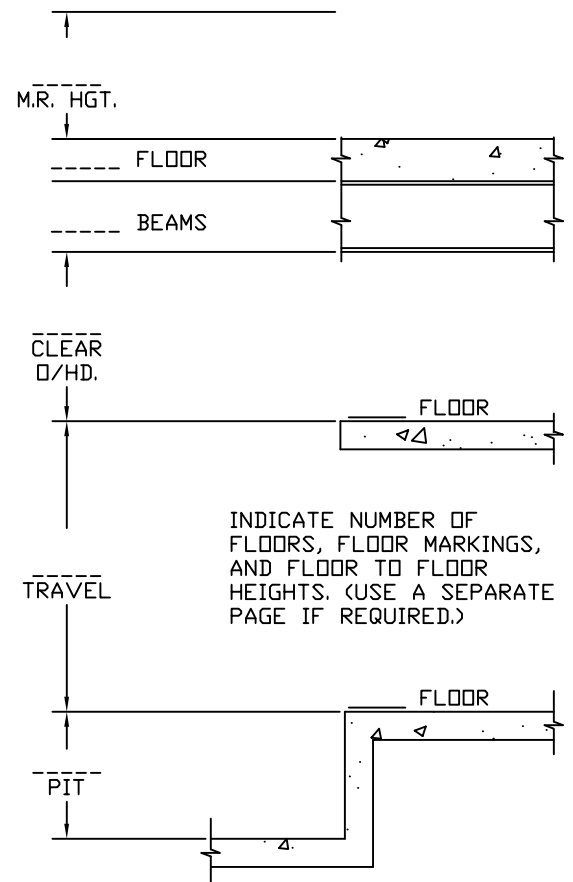
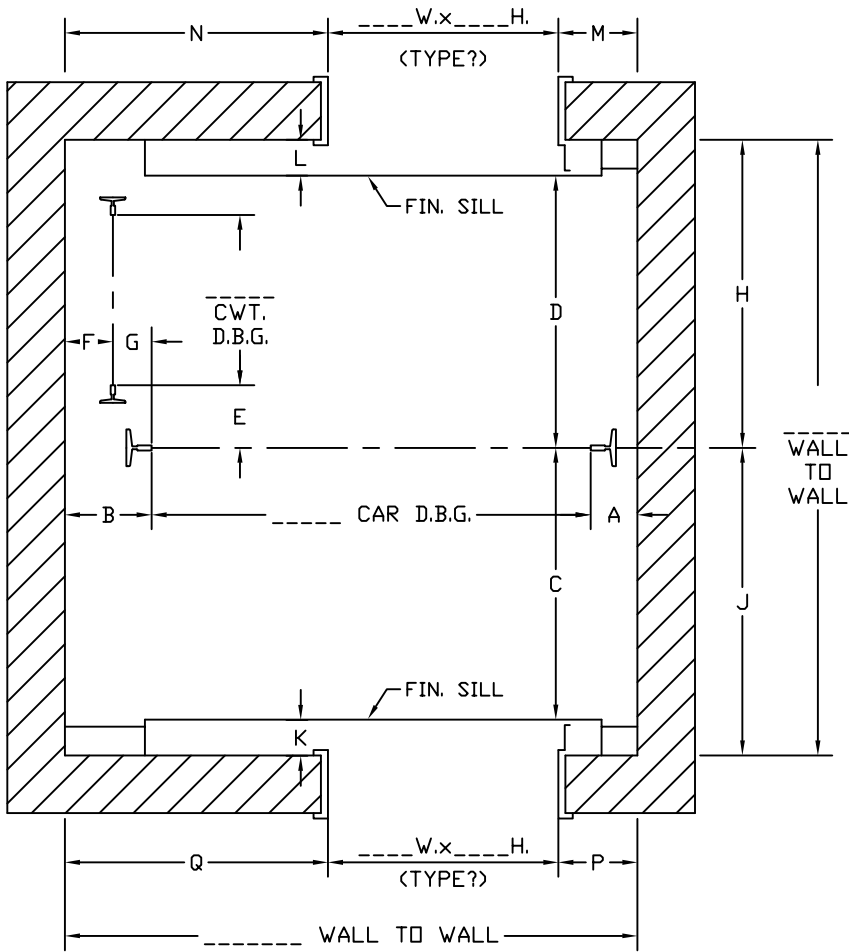
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A		N	
B		P	
C		Q	
D		R	
E		S	
F		T	
G		U	
H		V	
J		W	
K		X	
L		Y	
M			

ELEV. CONTRACTOR _____
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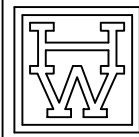
FIELD SURVEY DATA - FRONT & REAR OPNG./SIDE CWT. - BULL. 1118-R



RAIL DIMENSION		
	CAR	CWT.
BACK HGT.		
FACE		
LB./FT.		

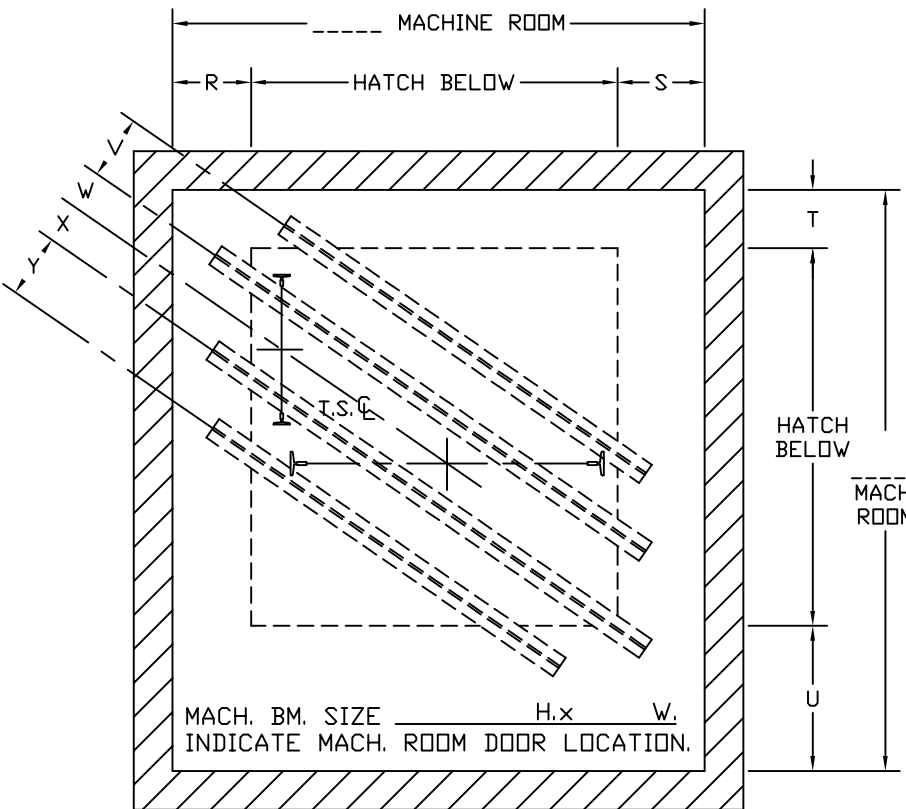
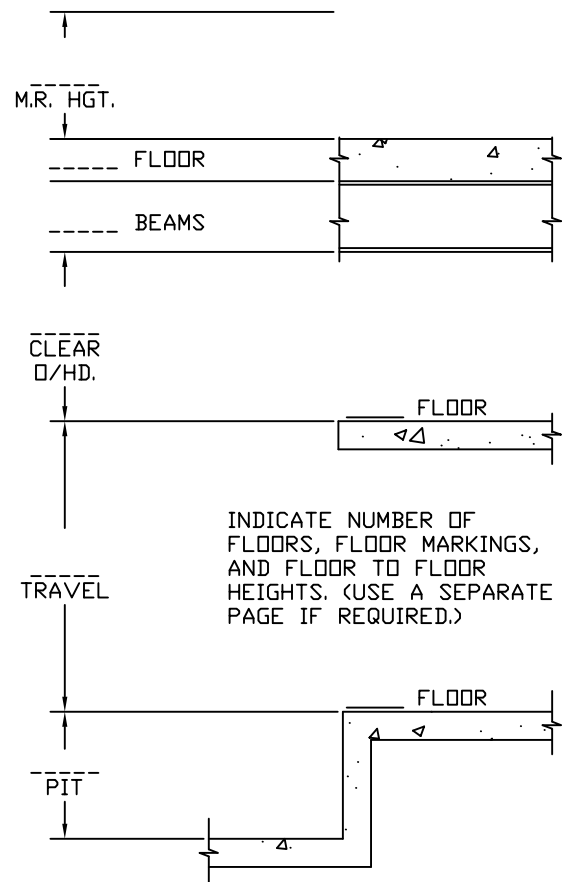
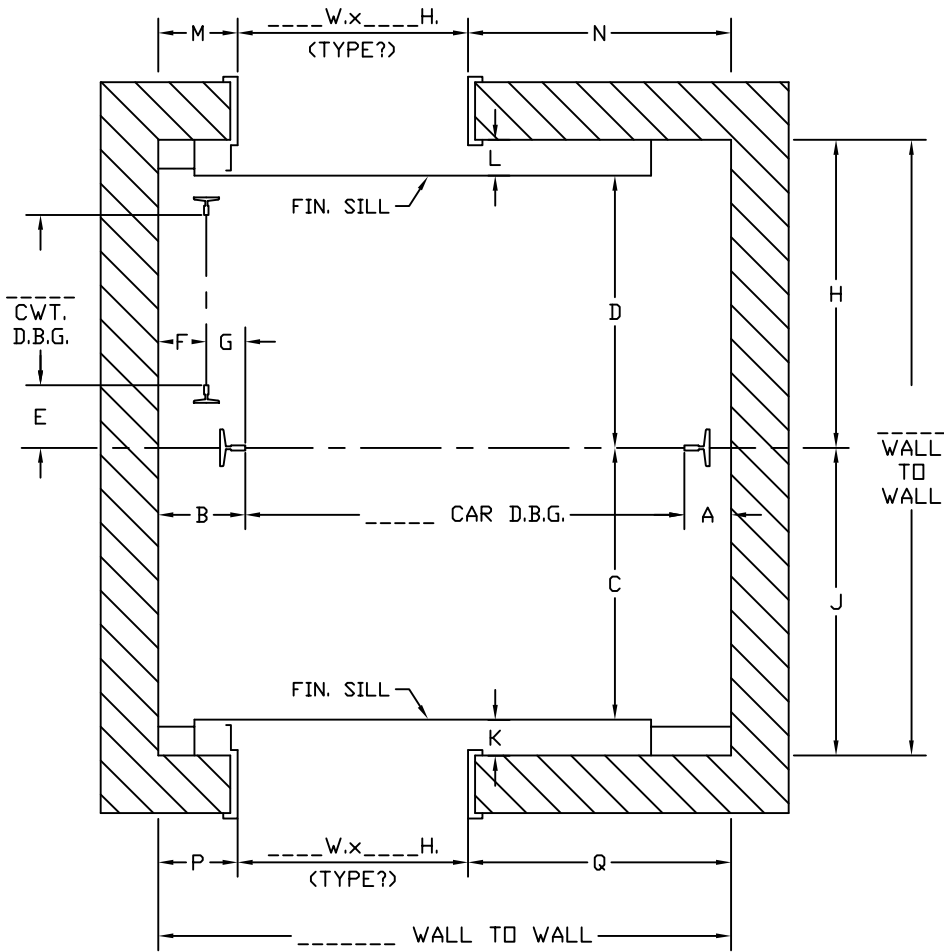
DIMENSIONS AT TIGHTEST POINT		
A	N	
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C	Q	
D	R	
E	S	
F	T	
G	U	
H	V	
J	W	
K	X	
L	Y	
M		

ELEV. CONTRACTOR _____
 JOB NAME _____
 ELEVATOR NO. _____ DATE _____
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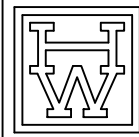
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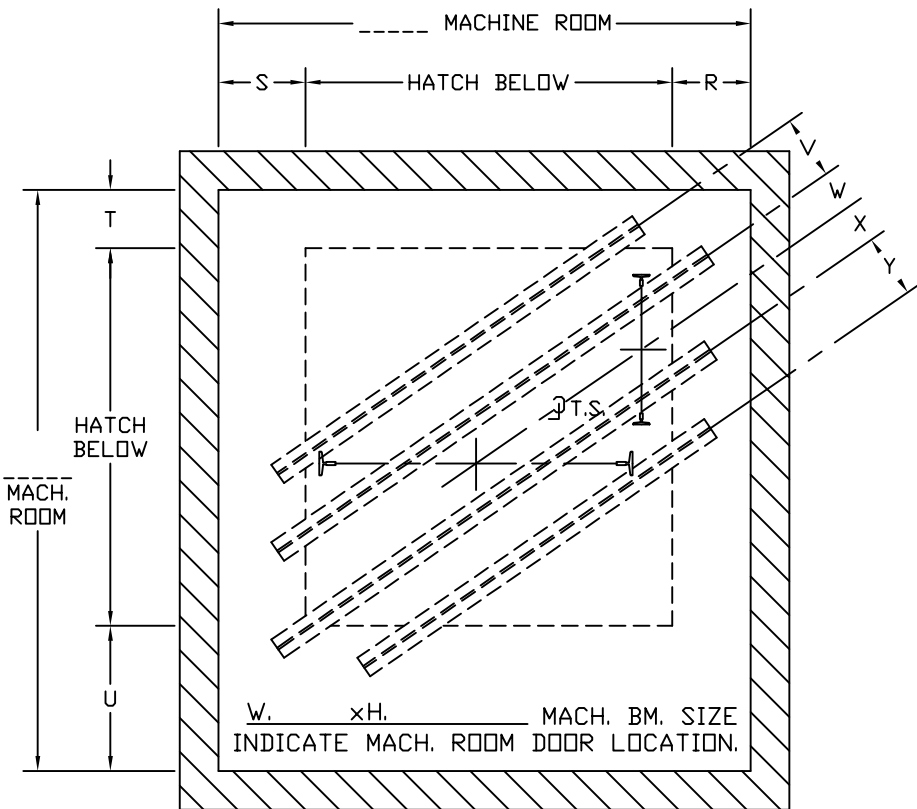
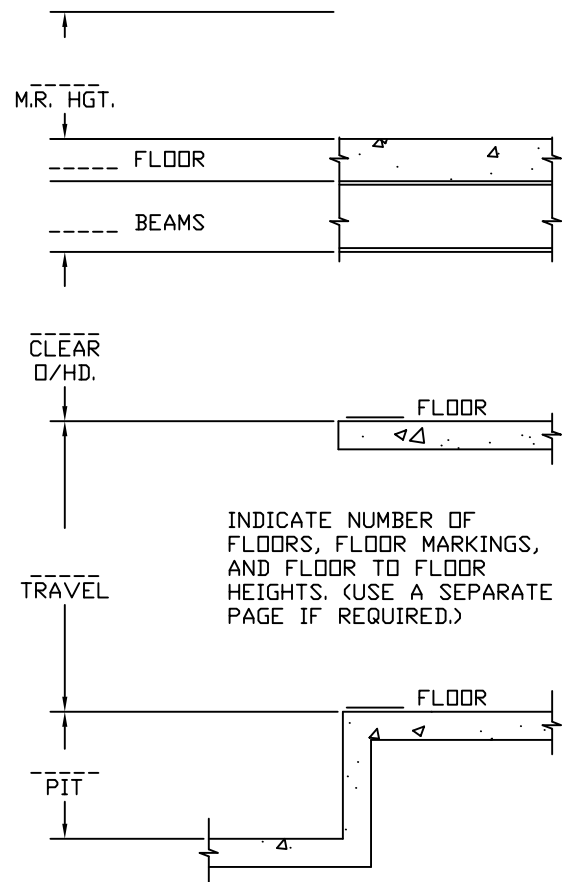
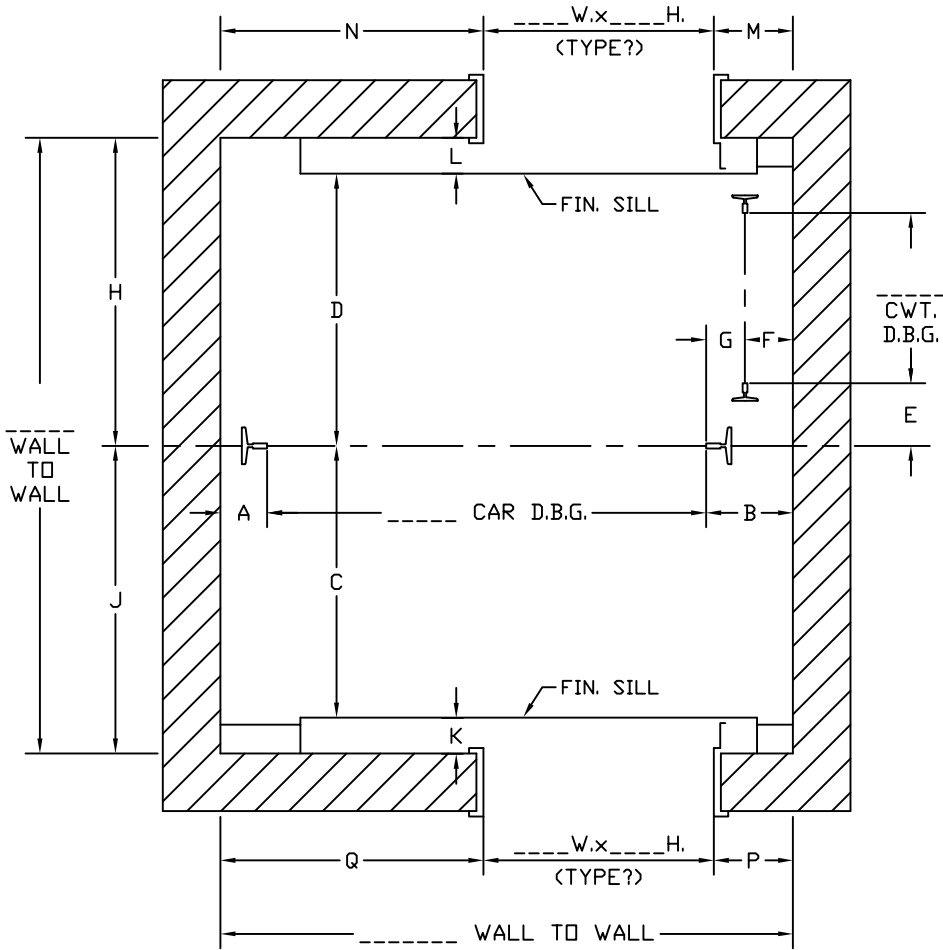
RAIL DIMENSION		
	CAR	CWT.
BACK HGT.		
FACE		
LB./FT.		

DIMENSIONS AT TIGHTEST POINT			
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F		T	
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J		W	
K		X	
L		Y	
M			

ELEV. CONTRACTOR _____
 JOB NAME _____
 ELEVATOR NO. _____ DATE _____
 H-W JOB NO. _____



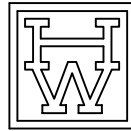
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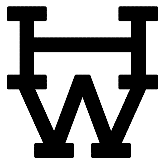
RAIL DIMENSION		
	CAR	CWT.
BACK HGT.		
FACE		
LB./FT.		

DIMENSIONS AT TIGHTEST POINT		
A		N
B		P
C		Q
D		R
E		S
F		T
G		U
H		V
J		W
K		X
L		Y
M		

ELEV. CONTRACTOR _____
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ENGINEERING INFORMATION:
WE REQUIRE ALL ITEMS CHECKED

ATTENTION _____
COMPANY _____
FAX NUMBER _____
JOB NAME _____
YOUR # _____
H-W # _____

FROM _____
DATE _____

TRACTION MACHINE

- CAPACITY _____
- CAR SPEED _____
- HAND OF MACHINE _____
- ROPING - 1:1 OR 2:1
- HOIST ROPES: QUANTITY _____ SIZE _____
- PITCH OF HOIST ROPES (CENTERLINE TO CENTERLINE OF GROOVES ON FACE OF TRACTION SHV) _____
(H-W STANDARD IS 7/8" FOR 1/2" ROPES AND 1" FOR 5/8" ROPES)
- CERTIFIED OUTLINE DIMENSION PRINTS OF MOTOR WITH FULL LOAD R.P.M. INCLUDED
- POWER SUPPLY _____ VOLTAGE
- FOR EXISTING MOTORS ONLY, PLEASE FILL IN DIMENSIONS ON ENCLOSED BULL. 1109
- SEISMIC ZONE _____
- ASME A17 CODE COMPLIANCE TO WHICH REVISION? (CIRCLE ONE) 1993 / 1996 / 2000
- DO YOU HAVE AN EXISTING DEFLECTOR SHEAVE? _____
- IF NOT, WHAT DIAMETER TRACTION SHEAVE IS REQUIRED? _____

D.C. BRAKE, BRAKE DRUM (SPLIT OR SOLID),

MOTOR COUPLING (USED WITH SOLID DRUM ONLY)

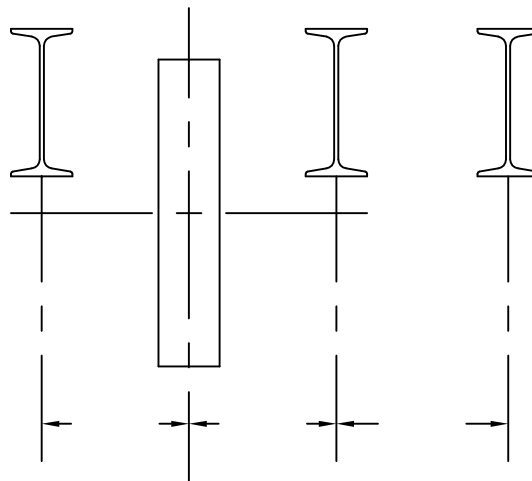
- BRAKE DRUM: DIAMETER _____ WIDTH _____
 - DISTANCE FROM CENTERLINE OF BRAKE DRUM TO TOP OF MOUNTING PADS _____
 - VOLTAGE _____
 - WORM SHAFT: DIAMETER _____ KEYWAY SIZE _____
 - MOTOR SHAFT: DIAMETER _____ KEYWAY SIZE _____
- NOTE: WORM AND MOTOR SHAFT DIAMETER MUST BE TO NEAREST THOUSANDTHS IF EXISTING

SHEAVES

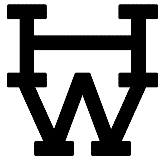
- HOIST ROPES: QUANTITY _____ SIZE _____
- PITCH OF HOIST ROPES _____
- BEAM SPACING (SEE SKETCH "A")

MACHINE ISOLATION

- IS FLOOR SLAB EXISTING? _____
- FLOOR SLAB THICKNESS _____
(ABOVE MACHINE BEAMS)
- EXISTING MACHINE BEAMS OR CHANNELS? _____
- BEAM / CHANNEL SIZE _____" H x _____" W
- BEAM SPACING (SEE SKETCH "A")



SKETCH "A"



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Email: engineering@hollisterwhitney.com

ENGINEERING INFORMATION:
WE REQUIRE ALL ITEMS CHECKED

SAFETIES

- CAR WEIGHT _____
- CAPACITY _____
- COMPENSATION WEIGHT(IF APPL.) _____
- CAR SPEED _____
- FACE TO FACE OF GUIDE RAILS _____
- RAIL SIZE (IN LBS.) _____
- GOVERNOR LOCATION (SEE SKETCH "B") _____
- STILE SIZE _____

GOVERNORS

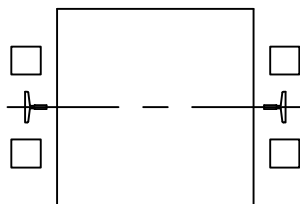
- CAR SPEED _____
- TRIPPING SPEED _____
- ROPE DIAMETER _____
- GOVERNOR PULL-THRU (IN LBS.) _____ OR TYPE
OF EXISTING SAFETY (DRUM, GRADUAL, ETC.) _____
- HAND OR LOCATION (SEE SKETCH "B") _____

TENSION WEIGHTS

- RAIL SIZE (IN LBS.) _____
- ROPE DIAMETER _____

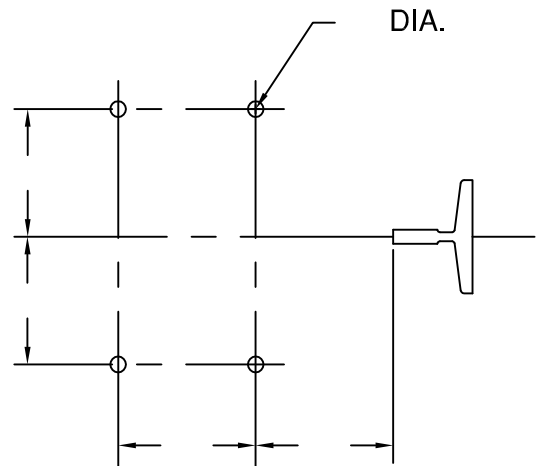
SHOES AND PLATES

- TYPE _____ MANUFACTURER _____
- RAIL SIZE (IN LBS.) _____
- TEMPLATE (SEE SKETCH "C") _____



FRONT

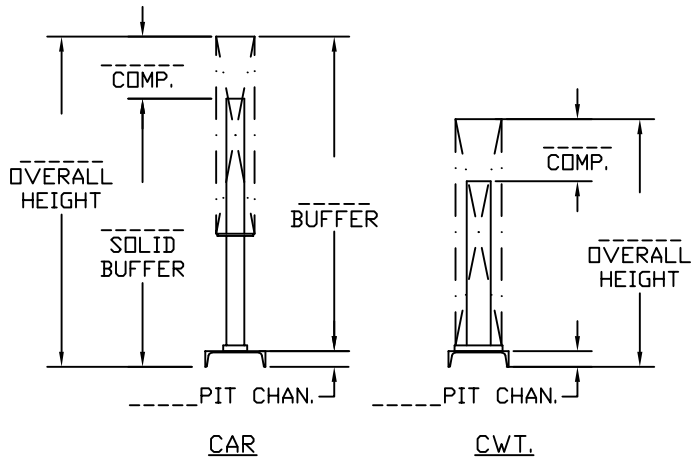
SKETCH "B"



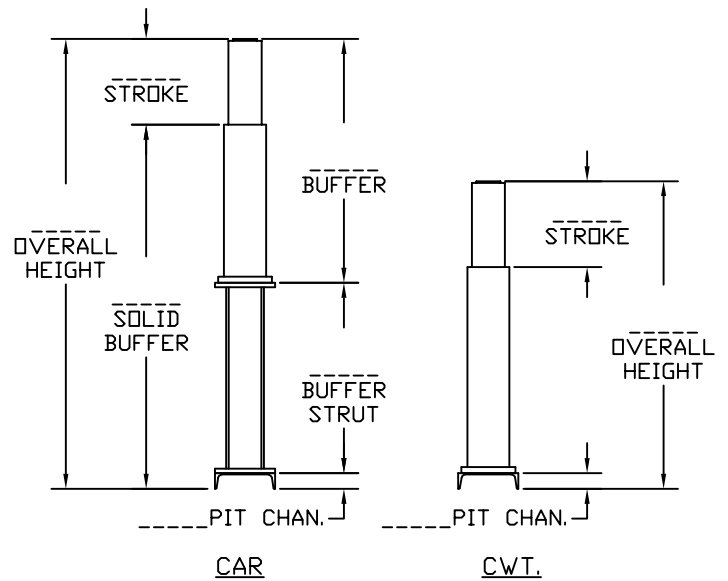
SKETCH "C"

ATTENTION _____
 COMPANY _____
 FAX NUMBER _____
 JOB NAME _____
 YOUR # _____
 H-W # _____
 FROM _____
 DATE _____

EXISTING SPRING BUFFERS

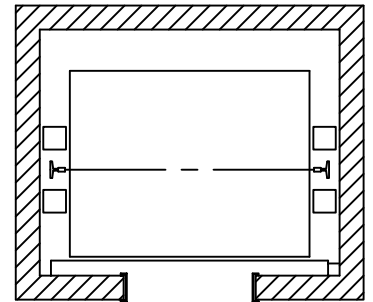
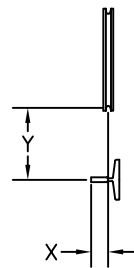


EXISTING OIL BUFFERS



EXISTING SAFETY / GOVERNOR / TENSION WGT.

- SAFETY PULL-THRU IN POUNDS? _____
- INDICATE QUADRANT FOR GOV./TENSION WGT.
- LOCATION OF SAFETY PICK-UP ARM?
X=_____ Y=_____
- ROPE DIAMETER? _____
- RAIL SIZE? _____
- STILE CHANNEL SIZE? _____

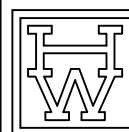


1. INDICATE QUADRANT FOR GOVERNOR/TENSION WGT.
2. INDICATE IF GOVERNOR FACES OUTWARD.

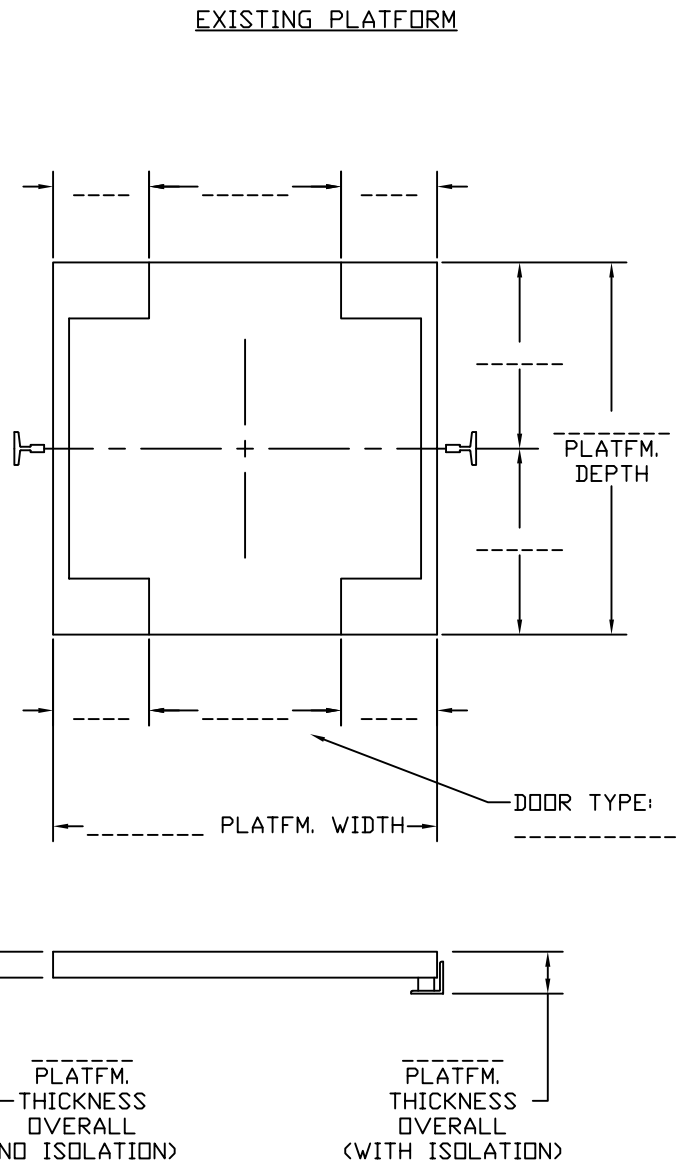
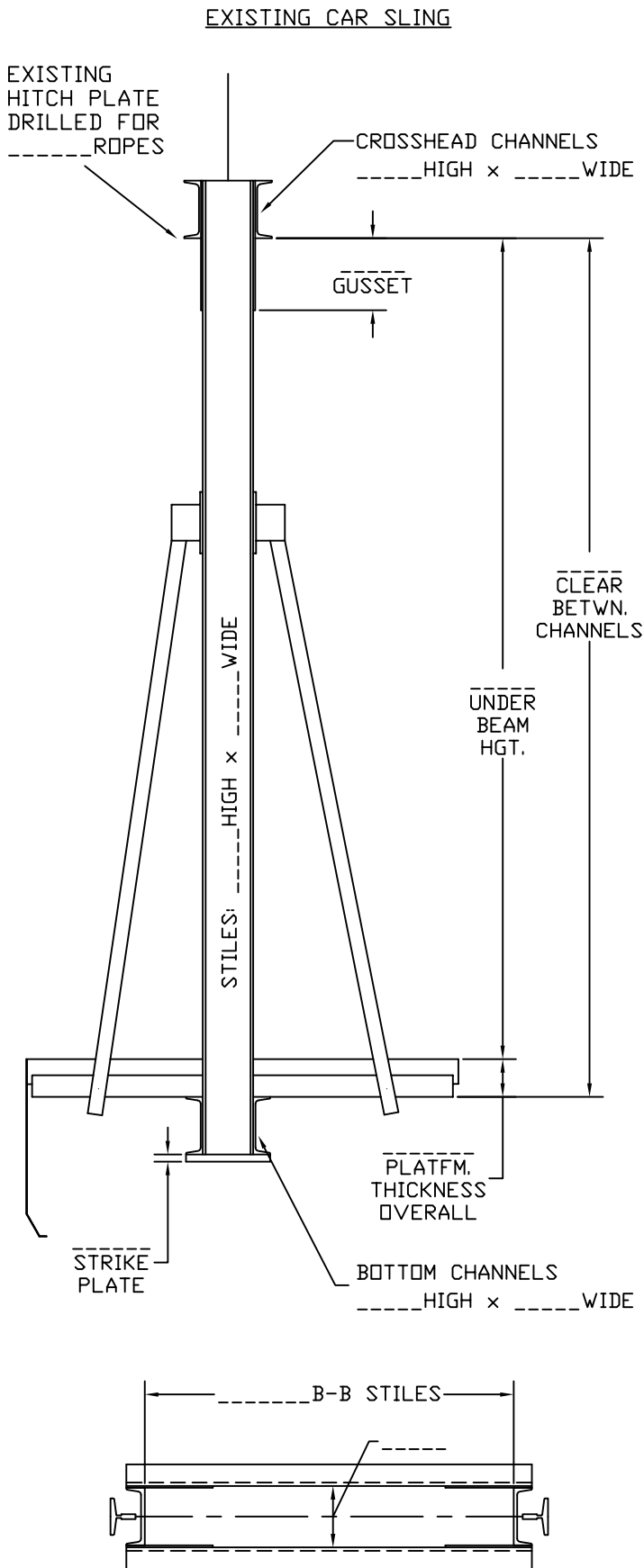
EXISTING MACHINE / SHEAVES

- HOIST ROPES: QUANTITY _____ DIAMETER _____
- PITCH OF HOIST ROPES? (C TO C OF GROOVES ON FACE OF TRACTION SHEAVE). _____
- HAND OF MACHINE? (STANDING AT MOTOR END, WHICH SIDE IS T.S. LOCATED ON?) _____
- ROPING - 1:1 OR 2:1?
- DIAMETER OF EXIST. DEFL. SHEAVE? _____
- DIAMETER OF EXIST. OVERHEAD SHEAVES? _____
- DIAMETER OF EXIST. CAR SHEAVE(S)? _____
- DIAMETER OF EXIST. CWT. SHEAVE? _____

ELEV. CONTRACTOR _____
 JOB NAME _____
 ELEVATOR NO. _____ DATE _____
 H-W JOB NO. _____



HOLLISTER-WHITNEY ELEVATOR CORP.
 #1 Hollister-Whitney Parkway
 Quincy, Illinois 62305
 (217)222-0466 Fax (217)222-0493



EXISTING WEIGHTS / DUTY

EXISTING TOTAL EMPTY CAR WEIGHT: -----

EXISTING CAPACITY RATING: -----

EXISTING LOAD CLASSIFICATION: -----
(PASSENGER OR CLASS A, B, C1, C2, C3)

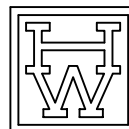
EXISTING CAR SPEED: -----

ELEV. CONTRACTOR _____

JOB NAME _____

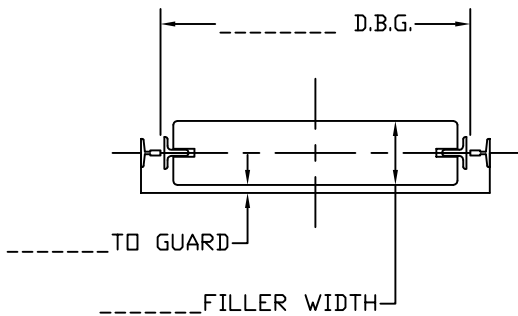
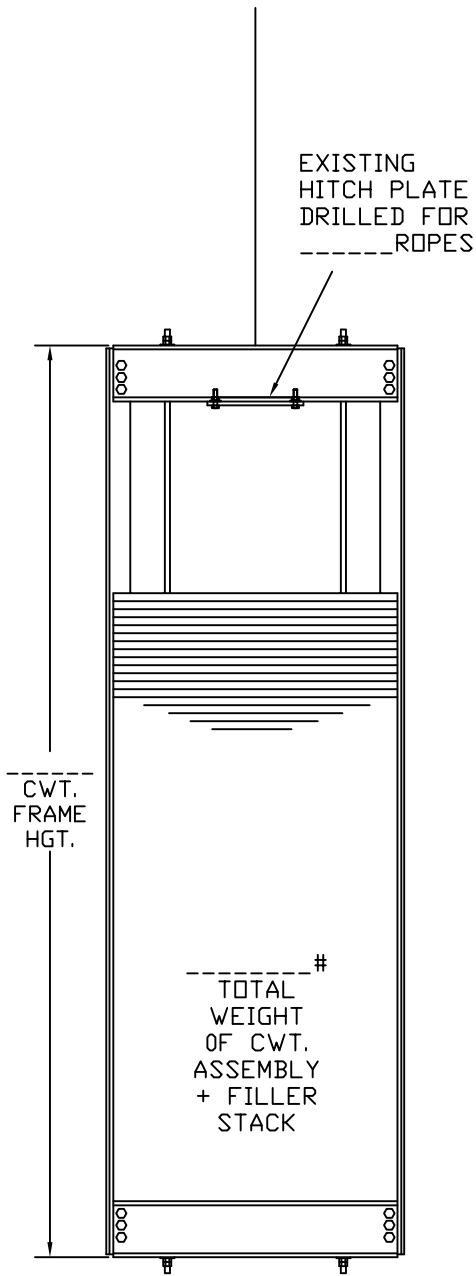
ELEVATOR NO. _____ DATE _____

H-W JOB NO. _____

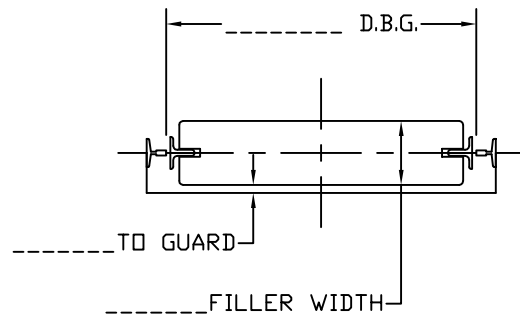
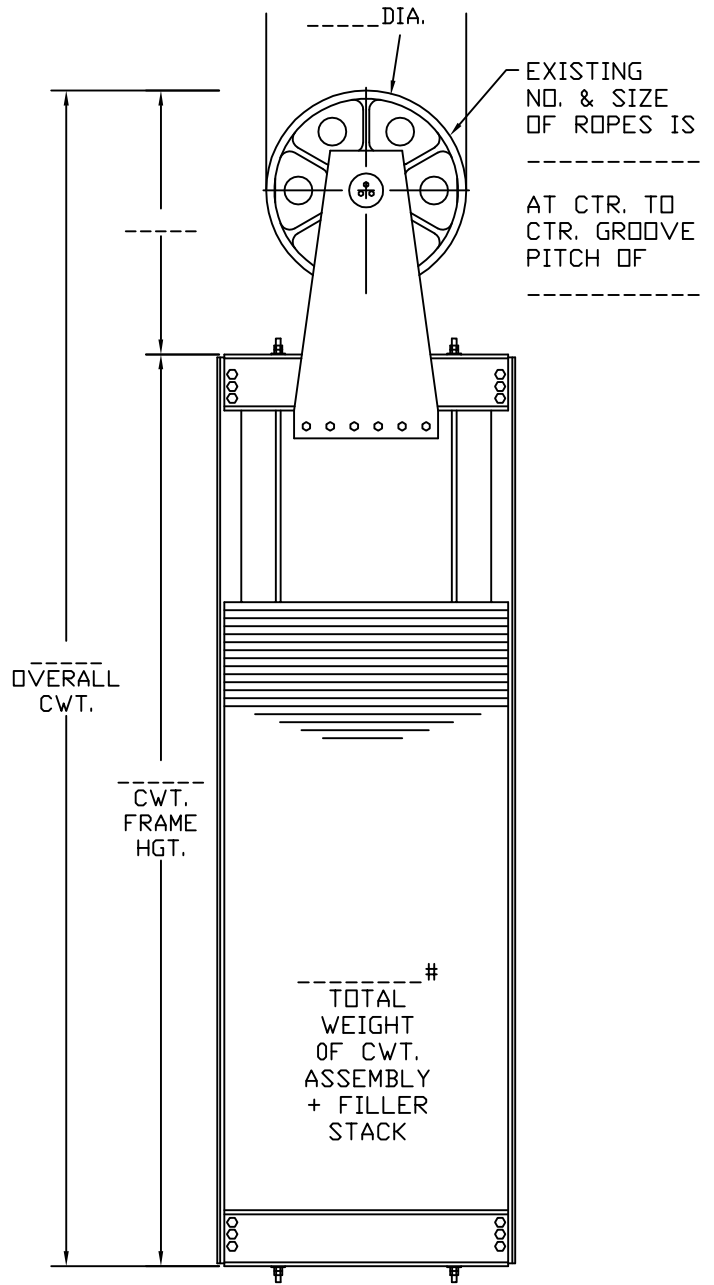


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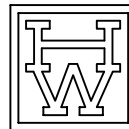
EXISTING COUNTERWEIGHT WITHOUT SHEAVE



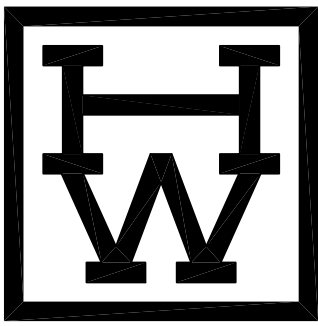
EXISTING COUNTERWEIGHT WITH SHEAVE



ELEV. CONTRACTOR _____
 JOB NAME _____
 ELEVATOR NO. _____ DATE _____
 H-W JOB NO. _____



HOLLISTER-WHITNEY ELEVATOR CORP.
 #1 Hollister-Whitney Parkway
 Quincy, Illinois 62305
 (217)222-0466 Fax (217)222-0493



REQUEST FOR QUOTATION

PLEASE PHOTOCOPY AND FAX OR MAIL TO:

HOLLISTER-WHITNEY ELEVATOR CORPORATION

ATTN: SALES DEPARTMENT

P.O. BOX 4025; #1 HOLLISTER-WHITNEY PARKWAY; QUINCY, IL 62305

PHONE: (217) 222-0466

E-MAIL: info@hollisterwhitney.com

FAX: (217) 222-0493

WEB: www.hollisterwhitney.com

TODAY'S DATE: _____ QUOTE DUE: _____

COMPANY NAME: _____ PHONE: _____

CONTACT: _____ FAX: _____

COMPANY ADDRESS (STREET, CITY, STATE): _____

JOB NAME: _____

JOB ADDRESS (STREET, CITY, STATE): _____

ELEV. NO: _____ CAPACITY (LBS.): _____ SPEED (F.P.M.): _____

GEARED / GEARLESS: _____ LOADING (PASSENGER / FREIGHT CLASS): _____

SIMPLEX / DUPLEX / GROUP: _____ ROPED: _____ SEISMIC RISK ZONE: _____

CONTROL TYPE: _____ OPERATION: _____ PWR. SUPPLY: _____ / _____ / _____

SIDE POST / CORNER POST: _____ PLATFORM SIZE: _____ W. x _____ D.

TRAVEL: _____ LDGS: _____ OPNGS: _____ FRONT: _____ REAR: _____ SIDE: _____

PLEASE PROVIDE A QUOTE FOR THE FOLLOWING ITEMS:

MACHINES & ACCESSORIES-

- | | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> OVERHEAD MACHINE | <input type="checkbox"/> BASEMENT SET MACHINE | <input type="checkbox"/> O.D. BASEMENT SET MACHINE |
| <input type="checkbox"/> DRUM MACHINE | <input type="checkbox"/> DRUM BRAKE | <input type="checkbox"/> DISC BRAKE |
| <input type="checkbox"/> BRAKE SWITCH | <input type="checkbox"/> MANUAL BRAKE RELEASE | <input type="checkbox"/> BRAKE RECTIFIER PANEL |
| <input type="checkbox"/> DRIP PANS | <input type="checkbox"/> TRACTION SHEAVE ROPE GUARD | <input type="checkbox"/> MILEAGE RECORDER & DRIVE ASSY. |
| <input type="checkbox"/> BSMT. MACH. TEMPLATE | <input type="checkbox"/> FOUND. BOLTS AND PIPE SPACERS | |
| <input type="checkbox"/> LABOR TO MOUNT _____ H.P. _____ R.P.M. HOIST MOTOR | | |

OVERHEAD MACHINE ISOLATION-

- STANDARD ISOLATION ASSY. (INCL. PADS, BRACKETS, AND 2 BEAMS)
- SPECIAL ISOLATION ASSY. (INCL. PADS, BRACKETS, AND 3 BLOCKING BEAMS)
- PADS AND BRACKETS ONLY (LESS BEAMS)

SHEAVES-

- | | | | | |
|--------------------------------------------|---------------------------------------------|------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> DEFLECTOR | <input type="checkbox"/> GUARD | <input type="checkbox"/> OVERHEAD | <input type="checkbox"/> HANGING | <input type="checkbox"/> 2:1 CAR |
| <input type="checkbox"/> 2:1 COUNTERWEIGHT | <input type="checkbox"/> 2:1 UNDERSLUNG CAR | <input type="checkbox"/> SECONDARY | <input type="checkbox"/> COMPENSATING | |

REQUEST FOR QUOTATION

SAFETIES, SHOES, BUFFERS-

- ROPE GRIPPER™ ASSY.
- CAR SAFETY ASSY. INSTANTANEOUS F.G.C.
- CWT. SAFETY ASSY. INSTANTANEOUS F.G.C.
- GOVERNOR ASSY. SPEED REDUCING SWITCH
- TENSION WEIGHT ASSY. SWING ARM TYPE FRAME TYPE GUARD
- CAR GUIDE SHOE ASSY. RIGID SWIVEL ROLLER WITH/WITHOUT GUARD
- CWT. GUIDE SHOE ASSY. RIGID SWIVEL ROLLER WITH/WITHOUT GUARD
- CAR SHOE PLATES
- CWT. SHOE PLATES
- SPRING BUFFER ASSY. FOR CAR
- SPRING BUFFER ASSY. FOR COUNTERWEIGHT
- OIL BUFFER ASSY. WITH SWITCH
- CAR BUFFER STRUT
- RAIL BUFFER BASE CHANNELS

CAR SLINGS, PLATFORMS, CWT.-

- CAR SLING
- PLATFORM WOOD-FILLED ALL-STEEL ISOLATION BALANCE WGTS.
- COMPENSATION HITCHES (CAR & CWT.) CHAIN TYPE ROPE TYPE
- COUNTERWEIGHT FRAME GUARD FILLER WEIGHTS
- FREIGHT CAB W/ SOLID STL. TOP _____ HIGH _____ MANUAL V/L GATES _____ GATE SWITCH

MISCELLANEOUS-

- 2:1 DEAD-END HITCH PLATES
- CAR AND COUNTERWEIGHT GUIDE RAILS
- CAR RAIL BRACKETS
- COUNTERWEIGHT RAIL BRACKETS
- HOIST AND GOVERNOR ROPES
- HOIST ROPE SHACKLES AND EQUALIZER SPRINGS BABBIT TYPE WEDGE TYPE
- MOUNTING BRACKETS AND CAM FOR G.A.L. LIMIT SWITCHES L.S. L.T.
- MOUNTING BRACKETS AND CAM FOR G.A.L. LEVELING SWITCHES
- HOISTWAY LAYOUT DRAWINGS (SPECIFY EXISTING OR NEW HOISTWAY): _____
- MAINTENANCE MANUALS, APPROVAL DRAWINGS
- SPECIAL _____

Please call our Sales Department for a quote on specialized equipment. Layout drawings will require specifications, architectural and structural drawings, or thorough field survey drawings. Note that Hollister-Whitney will not proceed with preparation of layout drawings or fabrication of equipment until a formal purchase order is received.