

Safety Brush Order & Survey Form

Safety Brushes Made Easy!



Customer Information

Company Name _____ Billing Address _____

Branch Office _____

Tax ID # _____ Ph # _____ Fax # _____

Order Information

Purchase Order # _____ Shipping Address _____

Requested Ship Date _____

Order Placed By _____ Shipping Method _____

Date Of Order _____ 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 _____ Code Observed A17 B44 Other _____
(Measured from comb tip to comb tip & in accordance with survey instructions)

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