

Swing Gate Survey Form



Date: _____

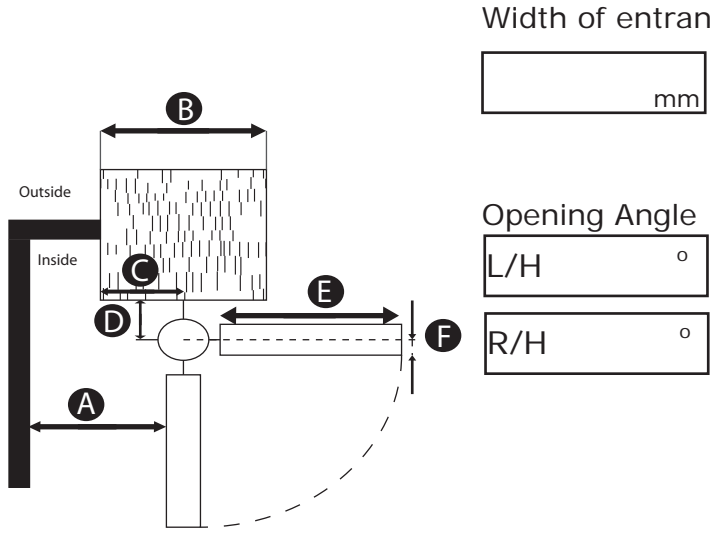
Installing company: _____

Phone No/email: _____

Client: _____

Phone No/email: _____

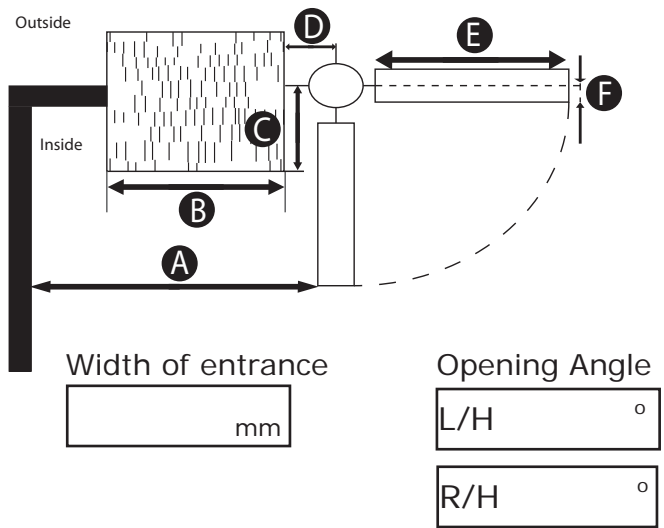
Site address: _____



Width of entrance
 mm

Opening Angle
 L/H °
 R/H °

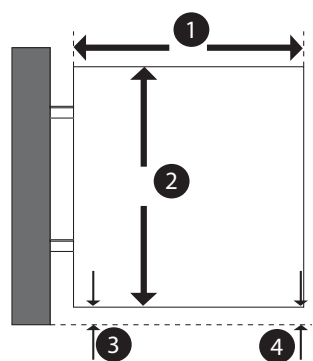
	Left*	Right*
A Open Gate to nearest obstacle	<input type="text"/> mm	<input type="text"/> mm
B Width of post	<input type="text"/> mm	<input type="text"/> mm
C Hinge centre to corner of post	<input type="text"/> mm	<input type="text"/> mm
D Hinge centre to face of post	<input type="text"/> mm	<input type="text"/> mm
E Length of leaf	<input type="text"/> mm	<input type="text"/> mm
F Centre of hinge to rear face of gate	<input type="text"/> mm	<input type="text"/> mm



Width of entrance
 mm

Opening Angle
 L/H °
 R/H °

	Left	Right
A Open Gate to nearest obstacle	<input type="text"/> mm	<input type="text"/> mm
B Width of post	<input type="text"/> mm	<input type="text"/> mm
C Hinge centre to corner face of post	<input type="text"/> mm	<input type="text"/> mm
D Hinge centre to face of post	<input type="text"/> mm	<input type="text"/> mm
E Length of leaf	<input type="text"/> mm	<input type="text"/> mm
F Centre of hinge to rear face of gate	<input type="text"/> mm	<input type="text"/> mm



	Left	Right
1 Width of gate	<input type="text"/> mm	<input type="text"/> mm
2 Max height of gate	<input type="text"/> mm	<input type="text"/> mm
3 Distance from bottom of gate to floor	<input type="text"/> mm	<input type="text"/> mm
4 Gate tip to road surface	<input type="text"/> mm	<input type="text"/> mm

* Inside property looking out

cycles per day

Swing Gate Survey Form



GATE USAGE

Slope from property to road
(please tick)

Fall Rise Level

Type of operator:
(please tick)

Underground Ram Articulated

Hydraulic Electro-mechanical

Will gates be held for long periods?
(please tick)

Yes No

Do you have gate stops in place?
(please tick)

Open Closed None

Wind exposed location
(please tick)

Yes No

Approx weight of gate.....kg
(type of material)

Metal Wood Other

Type of installation
(please tick)

Existing install New install

Infill types
(please tick)

solid palisade bars

Voltage
(please tick)

230V 24V either

Battery backup required?
(24V system only)

Yes No

ENTRY ACTIVATION

	Provided by FAAC	Provided By other
	Qty:	Qty:
Transmitters	<input type="checkbox"/>	<input type="checkbox"/>
Loop detector	<input type="checkbox"/>	<input type="checkbox"/>
Intercom	<input type="checkbox"/>	<input type="checkbox"/>

EXIT ACTIVATION

	Provided by FAAC	Provided By other
	Qty:	Qty:
Transmitters	<input type="checkbox"/>	<input type="checkbox"/>
Loop detector	<input type="checkbox"/>	<input type="checkbox"/>
Intercom	<input type="checkbox"/>	<input type="checkbox"/>

SAFETIES

	Provided by FAAC	Provided By other
	Qty:	Qty:
Photocells	<input type="checkbox"/>	<input type="checkbox"/>
Loop detector	<input type="checkbox"/>	<input type="checkbox"/>
Safety edges	<input type="checkbox"/>	<input type="checkbox"/>

INTERCOMS

	Provided by FAAC	Provided By other
Audio	<input type="checkbox"/>	<input type="checkbox"/>
With keypad	<input type="checkbox"/>	<input type="checkbox"/>
Proximity	<input type="checkbox"/>	<input type="checkbox"/>
GSM	<input type="checkbox"/>	<input type="checkbox"/>
Video	<input type="checkbox"/>	<input type="checkbox"/>
Quantity required	<input type="text"/>	
Cable Distance	<input type="text"/>	