dormakaba

Crane revolving door
Rehab kit takeoff form

Date _____

Company name _____

Contact _____

Phone _____

Mobile _____

Email _____

Project/Building name _____

Project/Building address _____

Location on building or door number _____

Original maufacturer Choose one

_____

Quantity (# of rehab kits) Choose one _____

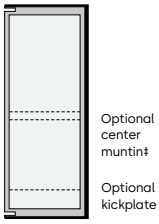
Inside diameter _____

Door opening height (from top of finish floor to the underside of the revolving door canopy) _____

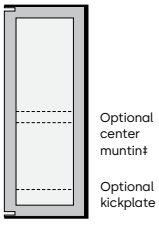
Number of wings Choose one

Wing design options

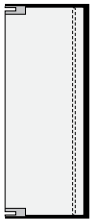
Narrow (2-1/16") or Medium (3") stile



Wide stile (5")



Patch fitting type wing



Herculite type wing

Push bars (Standard push bar is 1" diameter.)

Material/Finish
- ○ Same as wings
- ○ Choose one Choose one

Number of push bars per wing Choose one _____

Type Choose one

_____

Mounting Choose one

Speed control location

Existing canopy Choose one

_____

Material Choose one

Finish Choose one

_____

Wing design (Choose from options below)

Glass type
Choose one

Bottom rail sightline
- ○ Narrow/Medium stile Choose one
- ○ Wide stile Choose one
- ○ Herculite Choose one

_____

Specify custom sightline _____

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