



Site Assessment Form

Please complete this form and **FAX** back to
0115 921 0435

YOUR DETAILS

Company Name Contact Name

Address Tel. No.

..... Mobile No.

..... Fax. No.

..... Post Code Email

Preferred method of receiving quote/recommendation: Telephone Fax Email Post Wholesale Branch

SITE DETAILS

Site Address

.....

.....

..... Post Code

PURCHASE DETAILS

Have you used **CAME** before? (Y/N)

If yes, where do you purchase **CAME** equipment from:

.....

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ENTRANCE DETAILS

Gate(s) New Existing Single Pair

Wood Metal Close boarded (Y/N)

Other Material

Approx Weight per leaf kg

Posts Wood Metal

Other Material

Entry Activation Requirements	Remote(s) <input type="checkbox"/>	Card Reader <input type="checkbox"/>
	Induction Loop <input type="checkbox"/>	Key Switch <input type="checkbox"/>
	Magnetic Key <input type="checkbox"/>	Key Pad <input type="checkbox"/>
Exit Activation Requirements	Remote(s) <input type="checkbox"/>	Card Reader <input type="checkbox"/>
	Induction Loop <input type="checkbox"/>	Key Switch <input type="checkbox"/>
	Magnetic Key <input type="checkbox"/>	Pad <input type="checkbox"/>

Usage Residential Commercial

Estimated Openings per day

Any periods of prolonged use (please explain)

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Wind exposed location Yes No

Pedestrian access required Yes No

Automation (tick required)

Worm drive Articulated Arm

Post mounted Slider Motor

Underground

Location of Power (In relation to gateway, please describe)

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Intercom Requirements	Audio <input type="checkbox"/>	Wireless <input type="checkbox"/>	Number of Houses <input type="text"/>
	Audio with keypad <input type="checkbox"/>	Wireless with keypad <input type="checkbox"/>	Number of Handsets per House <input type="text"/>
	Visual <input type="checkbox"/>	GSM <input type="checkbox"/>	Distance from Gateway to House (Cable run) <input type="text"/>
	Visual with keypad <input type="checkbox"/>	GSM with keypad <input type="checkbox"/>	

Slope

Side Profile
(enter figure or tick as appropriate)

View from front
(enter figure or tick as appropriate)

Gap under gate measurement:
(as viewed from front of gate)

Left mm

Right mm

Driveway surface
(provide details, eg tarmac, block paving, concrete, gravel)

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PLAN OF BACK-HUNG GATE ENTRANCE (viewed from above)

Width of entrance mm

Opening Angle °

Left mm

Right mm

A Open Gate to nearest obstacle mm

B Width of Post mm

C Hinge centre to OUTSIDE face of post mm

D Hinge centre to edge of post mm

E Width of gate mm

PLAN OF SIDE-HUNG GATE ENTRANCE (viewed from above)

Width of entrance mm

Opening Angle °

Left mm

Right mm

A Open Gate to nearest obstacle mm

B Width of Post mm

C Hinge centre to REAR face of post mm

D Hinge centre to edge of post mm

E Width of gate mm

PLAN OF SLIDE GATE ENTRANCE (viewed from above)

Width of entrance mm

A Left edge of gate to nearest obstacle mm

B Front of gate to nearest obstacle at front when open mm

C Front of gate to REAR face of post when closed mm

D Width of gate mm