

B. _____
 C. _____
 D. _____
 H. _____


E1. _____
 E2. _____
 E3. _____
 E4. _____
 E5. _____

Date _____

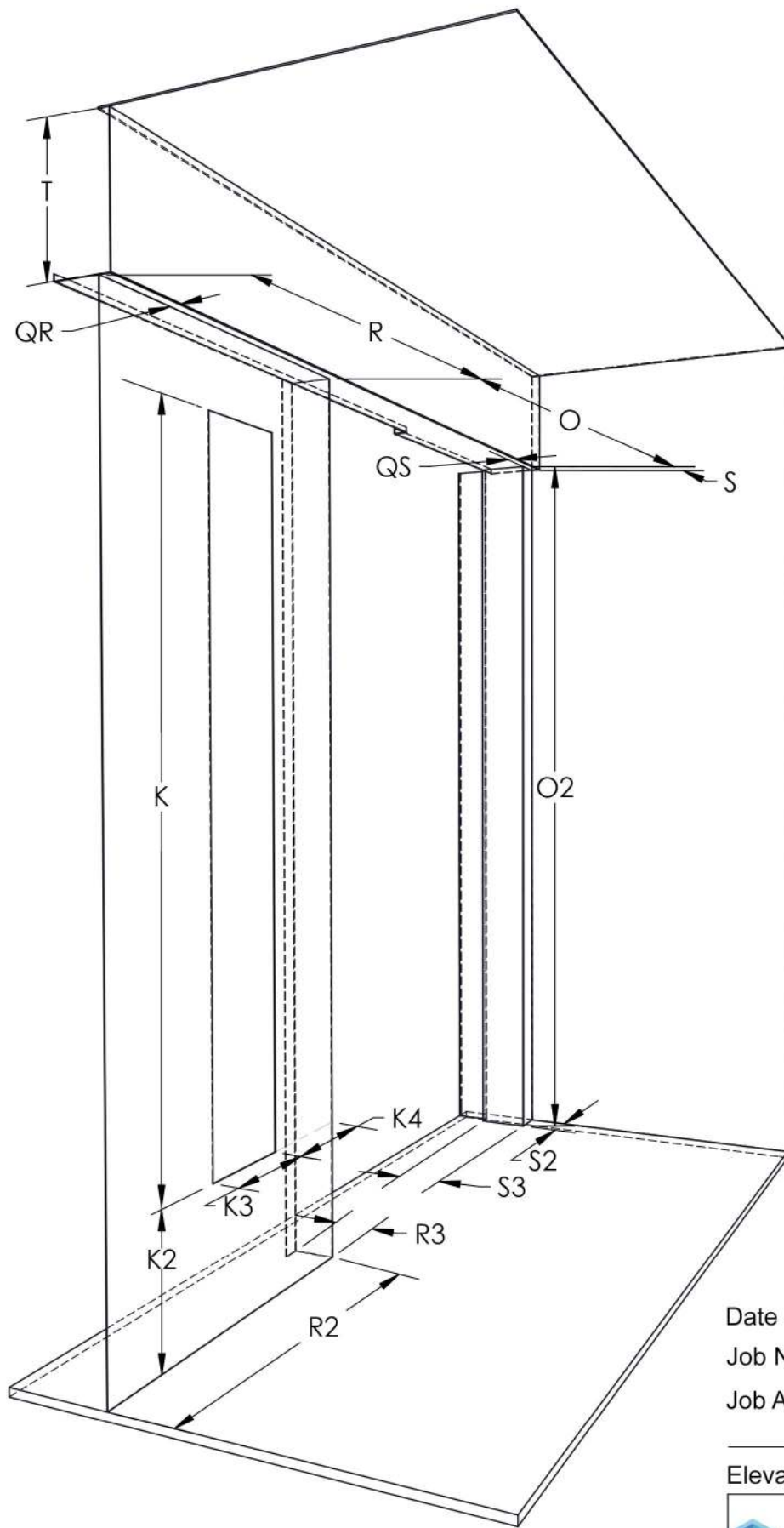
Job Name _____

Job Address _____

Elevator Name/number _____

	G&R ELEVATOR MFG., INC. 2352 STATION PARKWAY ANDOVER, MN 55304 763-757-6177
	email: sales@gandrcustomcabs.com

**SURVEY SHEET SET FOR
 LH OPENING CAB**



- K. _____
- K2. _____
- K3. _____
- K4. _____
- O. _____
- O2. _____
- QR. _____
- QS. _____
- R. _____
- R2. _____
- R3. _____
- S. _____
- S2. _____
- S3. _____
- T. _____

Date _____

Job Name _____

Job Address _____

Elevator Name/number _____

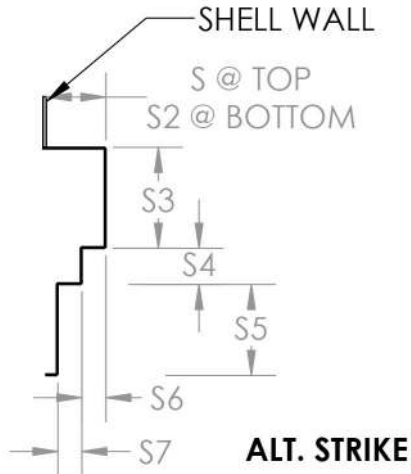
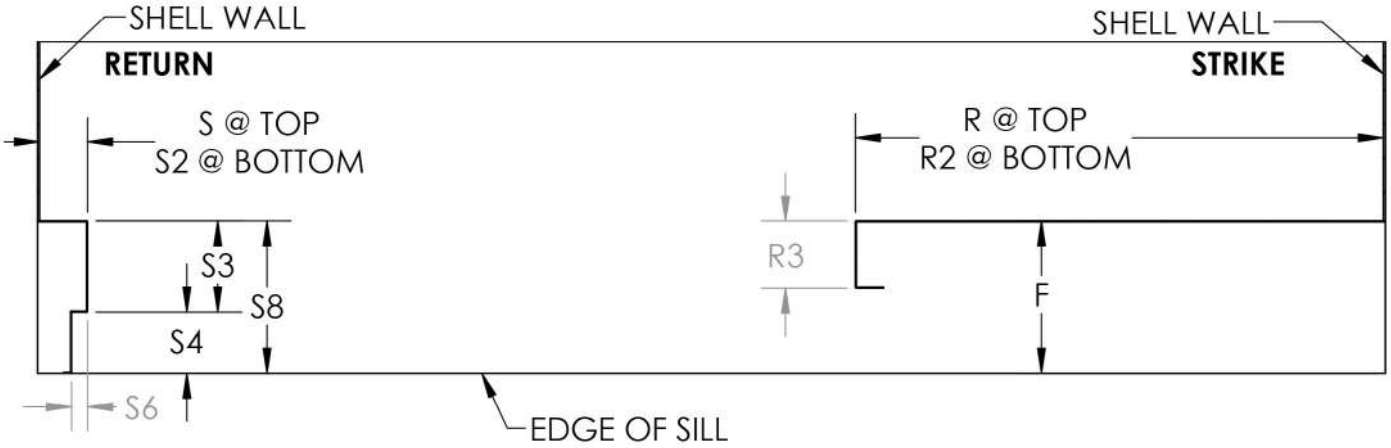


G&R ELEVATOR MFG., INC.
 2352 STATION PARKWAY
 ANDOVER, MN 55304
 763-757-6177
 email: sales@gandrcustomcabs.com

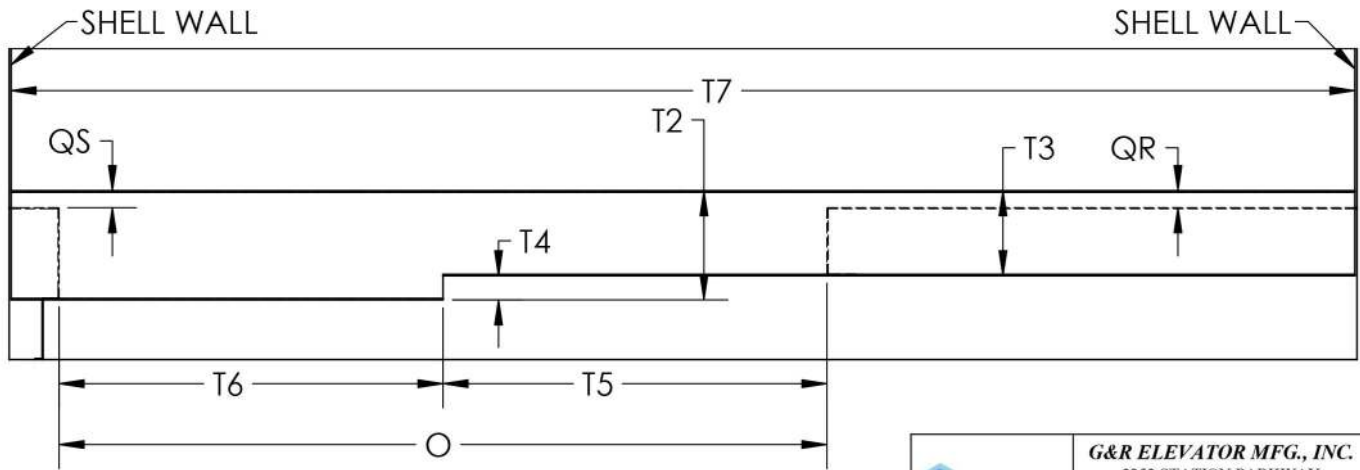
**SURVEY SHEET SET FOR
 LH OPENING CAB**

R. _____ S. _____ S5. _____
 R2. _____ S2. _____ S6. _____
 R3. _____ S3. _____ S7. _____
 F. _____ S4. _____ S8. _____


DIMENSIONS ARE TO BE MEASURED TO SHELL WALL BEHIND WALL PANELS TYP.



O. _____ T2. _____ T5. _____
 QR. _____ T3. _____ T6. _____
 QS. _____ T4. _____ T7. _____



TRANSOM

	G&R ELEVATOR MFG., INC. 2352 STATION PARKWAY ANDOVER, MN 55304 763-757-6177 email: sales@gandrcustomcabs.com
	SURVEY SHEET SET FOR LH OPENING CAB