

Swing Gate Survey Form

Date: _____

Installing company: _____

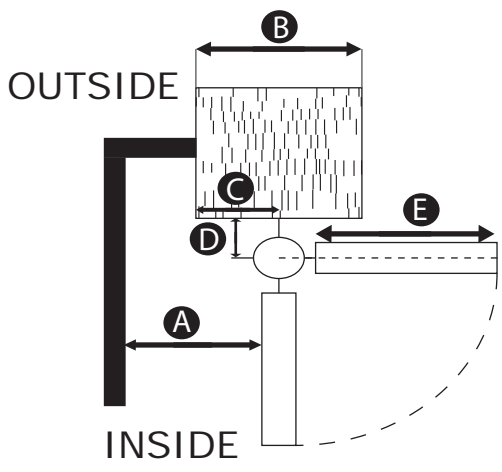
Phone No/email: _____

Client: _____

Phone No/email: _____

Site address: _____

REAR HUNG GATE



Width of entrance

 mm

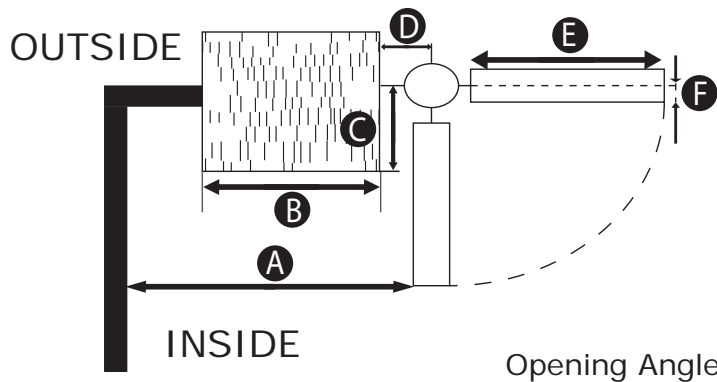
Opening Angle

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

OR GATE HUNG BETWEEN PILLARS



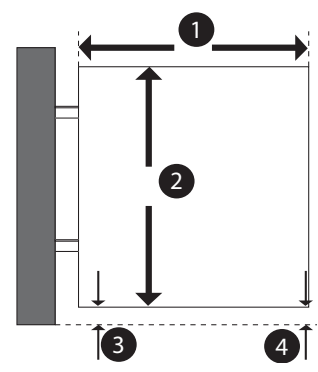
Opening Angle

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

Width of entrance

 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 gate to be automated New gate & automation
If existing gate can adjustment be made to hinge geometry Yes No

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
	<input type="checkbox"/>	Qty <input type="checkbox"/>	<input type="checkbox"/>
Transmitters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loop detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercom*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keypad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXIT ACTIVATION

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

*If ticked please complete INTERCOMS section

SAFETIES

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

* If ticked please complete SAFETY EDGES section

INTERCOMS

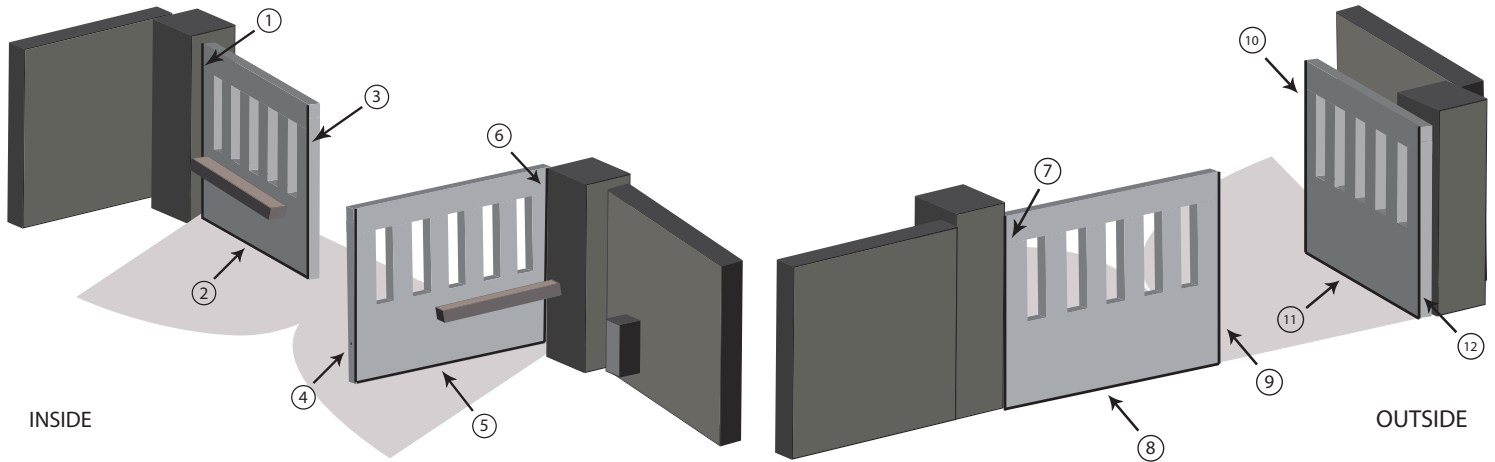
	Provided by FAAC		Provided By other
	<input type="checkbox"/>	Qty <input type="checkbox"/>	<input type="checkbox"/>
Audio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With keypad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity	<input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

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SAFETY EDGES

Please indicate which edges are required below



	Length (mm)	42mm Profile	80mm Profile	8mm Profile
1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wired Controller OR Radio Controller

Risk assessment required to determine if extra safeties are required. A summary of the installers responsibilities regarding the safety of gate systems can be found in the following document published by the DHF: <http://www.dhfonline.org.uk/downloads/pub193.pdf>