CAB FIELD SURVEY

info@fabacab.com
800.800.4960

1600 Main Street
Anderson, IN 46016

JOB NAME: _____

SURVEYOR NAME: _____

SURVEYOR PHONE NUMBER: _____

CAPACITY: _____ lbs.

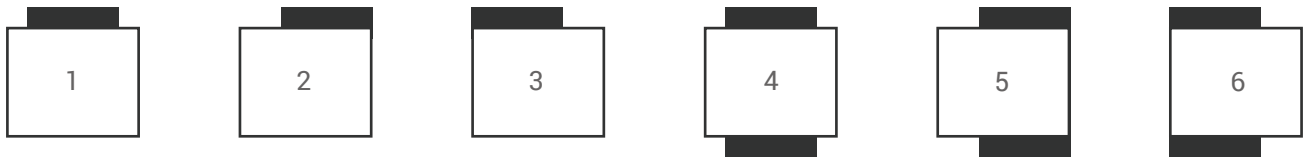
1. Quantity of Cabs: *(Circle one)*

1 2 3 4 5 6 7 8 9 10

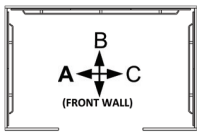
2. Cab Construction: *(Circle one)*

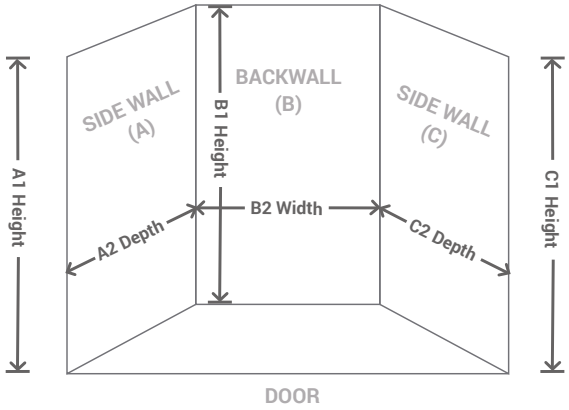
Wood Metal Skeleton Glass _____Other

3. Cab Floor Plan: *(Circle one)*



4. Cab Dimensions: *(Complete section entirely)*





Enter all dimensions in inches, not feet

WALL A A1: _____"
A2: _____"

WALL B B1: _____"
B2: _____"

WALL C C1: _____"
C2: _____"

**Height is measured from floor to canopy (not ceiling)*

**If cab has cove/obstruction, measure height from floor to bottom of the cove/obstruction*

5. Ceiling

☐ Buying a FabACab Ceiling *(Fill out ceiling survey)*

☐ Retaining Existing Ceiling *(Provide additional information below:)*

_____" perimeter gap ☐ _____" existing ceiling drop

Mounting: *(Circle one)* Side Mount Canopy Mount

6. Help?

SURVEY TIPS

CEILING FIELD SURVEY

info@fabacab.com
800.800.4960

1600 Main Street
Anderson, IN 46016

JOB NAME: _____

SURVEYOR NAME: _____

SURVEYOR PHONE NUMBER: _____

CAPACITY: _____ lbs.

1. Quantity of Ceilings: *(Circle one)*

1 2 3 4 5 6 7 8 9 10

2. Canopy Construction: *(Circle one)*

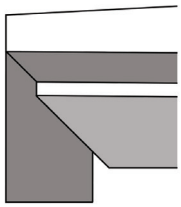
Wood Metal Frame (skeleton cab)

3. Desired Ceiling Drop: *(Circle one)*

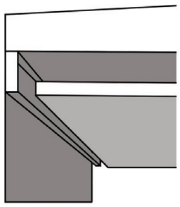
5" 6" 7" 8" 9" Other _____ (FabACab Standard is 7")

If cab has cove/obstruction, measure from bottom of cove to canopy for your ceiling drop.

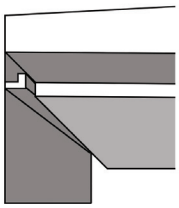
4a. Existing Ceiling Cove: *(Circle one)*



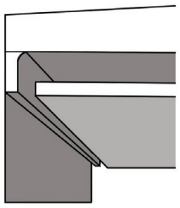
Regular Cove
(No obstructions)



Tray Cove



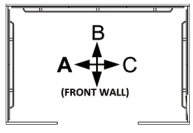
Light Cove

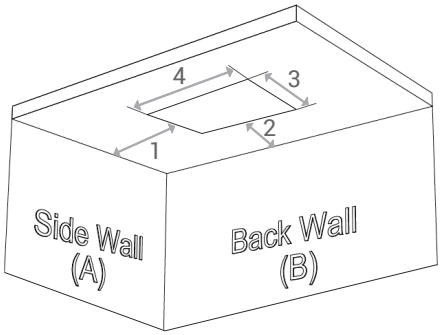


Round Cove

4b. Cove/Obstruction: *(Draw details)*

5. Escape Hatch: *(Complete section entirely)*





From Side Wall (1): _____"

From Back Wall (2): _____"

Escape Hatch Depth (3): _____"

Escape Hatch Width (4): _____"

6. Help?

SURVEY TIPS