

**REPLACEMENT OF EXISTING
MAGIC-DOOR PNEUMATIC OPERATOR EQUIPMENT**

(Formerly known as Stanley MAGIC-DOOR Pneumatic Operator)

Since 1935, MAGIC-DOOR Pneumatic Operators have provided outstanding automatic swinging and sliding door solutions for healthcare, pharmaceutical, industrial and commercial applications. Installing an upgraded version makes for easy removal of existing equipment and allows for easy installation of new equipment. Most times, this can be accomplished using the same installation procedures and existing drill holes and brackets without any modifications. The **Most Reliable, Durable & Cost Effective Automatic Door Operator** in the Industry for over 70 years!

Please use one form per set of doors:

1. Single door or pair of doors? _____
 - a. Width and Height of doors _____
 - b. Weight and Type of doors _____

2. If **Swing** Door:
 - a. Right Hand (clockwise swinging doors) _____
Left Hand (counterclockwise swinging doors) _____
 - b. %IN/PULL+(doors swinging under operator) _____
%OUT/PUSH+(doors swinging away from operator) _____
 - c. Are exit devices present? _____

3. If **Magic Mole** (concealed under floor) equipment:
 - a. Shaft Length _____
 - b. Floor Thickness _____

4. If **Magic Star** (concealed above ceiling) equipment:
 - a. Shaft Length _____
 - b. Clearance Door Top to Operator Top _____

5. If **Slide** Door:
 - a. Specify RH or LH Operators: _____
RH operators if door opens toward the left when facing operators. LH operators if door opens toward the right when facing operators.
 - b. Track Length _____

6. **100% Pneumatic (ALL AIR), Explosion Proof or Electro-Pneumatic** Equipment? _____
If ~~ALL~~ ALL AIR+, no electronics, relay, solenoid or harness are present.
7. A 14+, 18+, 24+or 36+stroke operator? _____
Please **measure the power cylinder tube length and O.D.** as this determines the operator size.
8. Single acting (spring closed) equipment? _____
9. Double acting (power open, power closed) equipment? _____
10. Palm Buttons, Push Plates and/or Pull Cords present? _____
11. Special Equipment present?
 - a. O11: Chain Reversing Mechanism _____
12. Year installed and **Stanley model number** if available? _____
13. Timeframe for project? _____
14. If not door installer, referral needed for installation? _____
15. How referred to Carey Automatic Door, LLC? _____
16. Please forward digital pictures of whole system including inside of operator if available.

* If Class 1, Division 1 or 2 Classification, Carey Automatic Door, LLC strongly recommends entire floor be ALL AIR, Explosion Proof as there is a remote chance that mixing of the air and gas could occur. Therefore, **ALL** equipment should be ALL AIR, Explosion Proof.

Name

Date

Company

Job Name & Door No.

Address

Fax Number

Phone Number

Email

Please either email or fax the completed form with appropriate documents to: **sales@careydoor.com** or (203) 267-4292. Please feel free to contact us at (203) 267-4278 if you should have any questions.

Thank you for the opportunity to quote this job.

Virtually Maintenance Free for 20 – 30 years!