DELTAMED

Vehicle configuration form

Special-purpose vehicles / body-building

Before you start

Deltamed builds to specification, so a price starts from what the vehicle has to do. This form covers the base vehicle, body, access, warning systems, electrical installation, interior and equipment. Set aside about 20 minutes.

You do not need to answer everything. Fill in what you know, leave the rest blank, and our engineers will work through the remaining details with you.

Fill it in on screen with any PDF reader, save the file, and send it to tehnic@deltamed.ro.
The last pages contain vehicle drawings: print them and mark equipment positions by hand, or describe the positions in the notes fields beneath them.

Your details

Organisation

Contact person

Position

Email

Telephone

Country

Main intended use of the vehicle

Questionnaire

for the configuration and body-building of special-purpose vehicles

Main intended use of the vehicle: _____

_____

1. Preferred make for the base vehicle:
    a. Mercedes Benz : Sprinter ☐ , Vito / V Class ☐, other model: _____
    b. Volkswagen: Crafter ☐, Transporter T7 ☐ , Amarok ☐, Caddy ☐ , other model: _____
    c. Citroen / Peugeot / Fiat ☐, model: _____
    d. Ford: Transit ☐, Transit Custom ☐, Transit Connect ☐ , other model: _____
    e. Renault / Opel ☐, model: _____
    f. Toyota: Hilux ☐, Landcruiser ☐, other model: _____
    g. Other make: _____
    h. No preference; I leave it to the body-builder to find the most suitable model ☐
2. Type of special-purpose vehicle
    a. Passenger car ☐
    b. Chassis (cab to which the body is added): single cab ☐, double cab ☐
    c. Panel van ☐
    d. Truck ☐
    e. Trailer ☐
    f. Other type (describe): _____
3. Engine
    a. Fuel: diesel ☐, petrol ☐, electric ☐, hybrid ☐, other: _____
    b. Power [HP / kW] : _____ /_____
    c. Displacement [cm3]: _____
    d. Desired engine options (additional compressor, uprated alternator, etc..): _____
4. Drive: front ☐, rear ☐, all-wheel ☐
    a. Lockable differential:
        i. Mechanical: rear ☐, centre ☐, front ☐
        ii. Electronic
        iii. Not important ☐
    b. Low-range gearing / transfer case ☐
    c. Additional options : hill start assist ☐, traction control ☐, hill descent ☐
    d. Other desired options: _____

5. Driver cab options

a. Air conditioning ☐

b. Navigation system ☐

c. Double bench seat ☐

d. Video camera for traffic monitoring, recording while the engine is running ☐

e. Video camera for rear-area monitoring, active in reverse ☐

f. Safety: passenger airbag (driver = standard) ☐, side airbags ☐, head airbags ☐

g. Other desired options: _____

6. Safety:

a. Central locking: base vehicle ☐, base vehicle and body ☐

b. Alarm system ☐

c. Video surveillance system inside ☐, outside ☐

d. Other options (describe): _____

_____

7. Body / rear area:

a. Box type ☐, with sandwich panels ☐, in fibreglass ☐ or aluminium ☐

b. Interior lining ☐, in: fibreglass ☐, aluminium ☐, stainless steel ☐, melamine-faced plywood / HPL ☐, ABS plastic ☐, other materials (describe): _____

c. Floor covering ☐, with PVC flooring ☐, chequered aluminium sheet ☐, TEGO ☐ , other materials (describe):

_____

d. Min/max dimensions [cm]: height: _____ / _____, length: _____ / _____, width: _____ / _____,

e. Windows: in the side door ☐, in the rear doors ☐, in the side walls (describe):

_____

_____

f. Roof escape hatch ☐, solid ☐, glazed ☐, insect screen ☐, sun blind ☐

g. Other requirements (describe):

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8. Access

a. Doors :

i. At the rear – 1 pc (tailgate) ☐, double ☐ - opening at 180° ☐ , 270° ☐

ii. Side :

1. left ☐, sliding ☐ , hinged ☐, describe: _____

2. right ☐, sliding ☐ , hinged ☐, describe: _____
3. other side openings (describe):

   _____

   _____

b. Step at the side door ☐, retractable mechanically ☐ or electrically ☐

c. Step at the rear door/doors ☐

d. Ramp at the rear door ☐

e. Wheelchair lift at the rear door ☐

f. Other access options: _____

9. Optical and acoustic warning and signalling systems

a. Light bar ☐,

   i. Colour: _____ , integrated siren speaker ☐

   ii. Options: alley lights ☐, take down (white forward-facing lights ☐, traffic directing bar ☐,

   iii. other options: _____

b. Integrated lights (ambulances only) ☐, describe: _____

   _____

c. Siren ☐, power : 100 W ☐ - 150 W ☐. Public address ☐, Radio set connection ☐

d. Beacons ☐, quantity: _____ , colour: _____ , positioning:_____

e. Grille flashers ☐, colour: _____

f. Other warning lights: quantity: _____ , colour: _____ , positioning: _____

   _____

g. Perimeter lighting: rear ☐, side ☐, number of units on each side: _____

h. Other desired lights: _____

10. Electrical system

a. Additional battery ☐, quantity: ___ , capacity [Ah]: _____ , type: SLA (lead) ☐, gel ☐, lithium ☐

b. External AC charging system: 230 V (single-phase) ☐, 400 V (three-phase) ☐

c. Inverter (12 Vdc -> 230 Vac) ☐, power [W]: _____ , pure sine wave ☐

d. UPS ☐, power [W]: _____, or minimum operating time [hours/minutes]: _____ / _____ for a load of _____ [W].

e. Interior sockets: 12 V dc ☐, quantity: _____ , positioning: _____

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f. Interior 230 V ac sockets ☐, quantity: connected to the inverter / connected to the external supply: _____ / _____

g. Interior 400 V ac sockets ☐, connected to the external supply only

h. Generator

i. Mounting: fixed ☐, portable ☐, mounted in the vehicle but removable ☐
ii. Output voltage: 230 V ☐, 400 V ☐, 230 V + 400 V ☐
iii. Power [KVA]: _____
iv. Generator automation (start/stop from remote control / central panel: ☐
v. Automatic switchover of loads between the generator and the external/internal electrical system? ☐

i. Describe as precisely as possible the loads you want connected and how they operate (duration, simultaneity, critical/non-critical):

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preferably send us the technical data sheets of the equipment.

j. Other requirements for the electrical system:

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11. Interior lighting:

a. General lighting with LED lamps ☐, desired lighting level [lux]: _____
b. Ambient lighting ☐, colour:_____ , description: _____

_____

c. Interior night lighting – blue light ☐
d. Accent lighting (spotlights) ☐, quantity: _____ , description: _____

_____

e. Other lighting options: _____

12. Climate control:

a. Ventilation: two-way fan in the rear compartment: ambulance type (high flow) ☐, quiet ☐
b. Heating: hot water from the engine ☐, stationary heater running on fuel from the tank ☐, electric via external connection ☐, other types: _____
c. Air conditioning: operable while driving or stationary with the engine running ☐, operable when stationary with the engine off (electric) ☐, other types:

_____

d. Other options or requirements (several zones at different temperatures, IT equipment cooling, etc..):

_____

_____

13. Interior pressure different from outside pressure ☐:

a. Negative pressure ☐ (for transporting contagious patients or hazardous materials)

b. Negative (filtered ventilation) ☐

c. State the volume of the space if known [m3]: _____

14. Communications and IT:

a. Mobile two-way radio installed in the driver cab ☐, Tetra ☐, VHF ☐, UHF ☐, satellite ☐

b. Mobile two-way radio in the rear compartment ☐, Tetra ☐, VHF ☐, UHF ☐, satellite ☐

c. Intercom between the driver cab and the rear compartment ☐

d. IT equipment rack ☐, quantity: _____ , mounted at the rear ☐, position:

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e. Other systems (WIFI hotspot ☐, GSM router ☐ , other, describe):

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15. Functionality (describe as accurately as possible the activity you intend to carry out in the vehicle – describe the workflow step by step, the number of people and their position – seated or standing, state whether the activity is performed mainly in the vehicle – while driving or stationary – or outside it):

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16. Describe any features you would like inside: partition walls and compartments, meeting or relaxation areas. Please provide a sketch or draw below:

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17. Furniture

a. Type: metal ☐, wood (melamine-faced) ☐, wood covered in plastic (ABS) ☐, other material:

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b. Seats

i. Will anyone travel seated outside the driver cab? ☐, quantity: _____(seats must be type-approved and can only be installed facing forwards or rearwards). Seat belts: 3-point ☐ or 4-point ☐ .

ii. Seats used when stationary, permanently installed ☐, quantity: ____ , position:

_____ _____ , with fold-up seat pan ☐, swivelling ☐, other requirements:

_____

iii. Office chairs ☐, quantity: ____ , on castors ☐, other requirements:

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iv. Other types (bench seats, sofas, etc) – describe type, material and colour:

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c. Description: overhead cabinet at the wall/ceiling junction ☐, cabinet with drawers ☐, cabinet with doors ☐, desk ☐, storage shelves ☐, describe or make a sketch / drawing:

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d. Describe the fixing systems, brackets, shelves, hooks and any other additional furniture elements you would like:

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18. Equipment

a. List any existing equipment you would like us to install in the vehicle. Brackets and/or fixing systems will be manufactured (give details of type and model as well as the desired location/method of fixing). State whether a power supply is required and at what voltage:

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b. If you would like equipment supplied by Deltamed ☐. Give details of its type and function:

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19. Design

a. Describe or send us documentation on your company's identity elements so that we can align with the approved design (logo, shapes, colour, textures, etc...):

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b. Exterior design supplied by you ☐, designed by Deltamed ☐

c. Exterior lettering ☐, painted ☐, wrapped ☐, lettered (logo, stripes, text) ☐

d. Interior design: supplied by you ☐, designed by Deltamed ☐

20. Other requirements. Describe any element or requirement not covered by this form:

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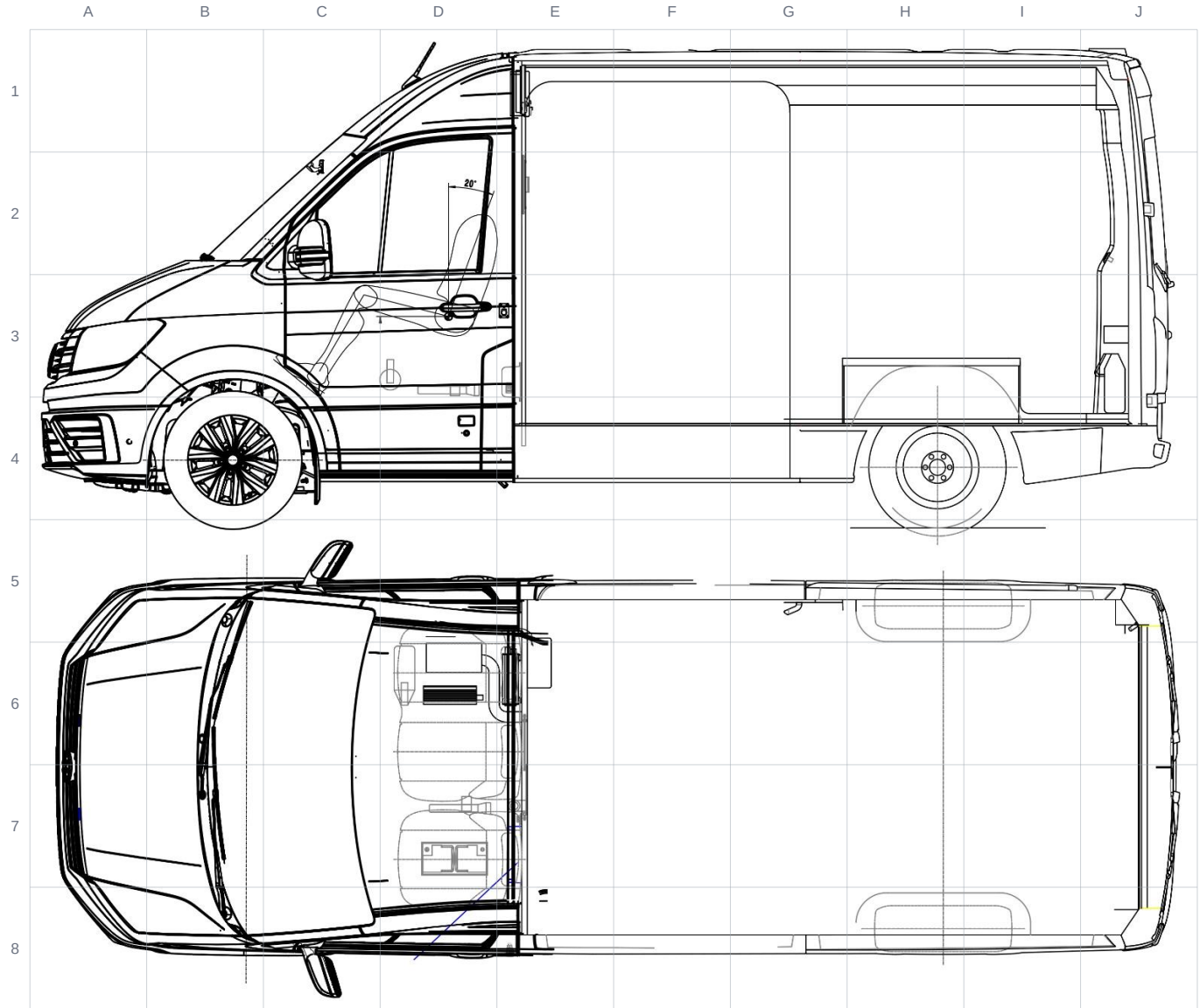
21. Below you will find the sketch of a standard panel van and of a box-body vehicle. Please indicate on the drawing the various positions of equipment inside or outside:

Give equipment positions as grid references in the notes below, one per line — for example: Defibrillator — E4.

You can also draw on this page with your PDF reader's comment or drawing tools, or print it and mark it by hand.



Notes: _____

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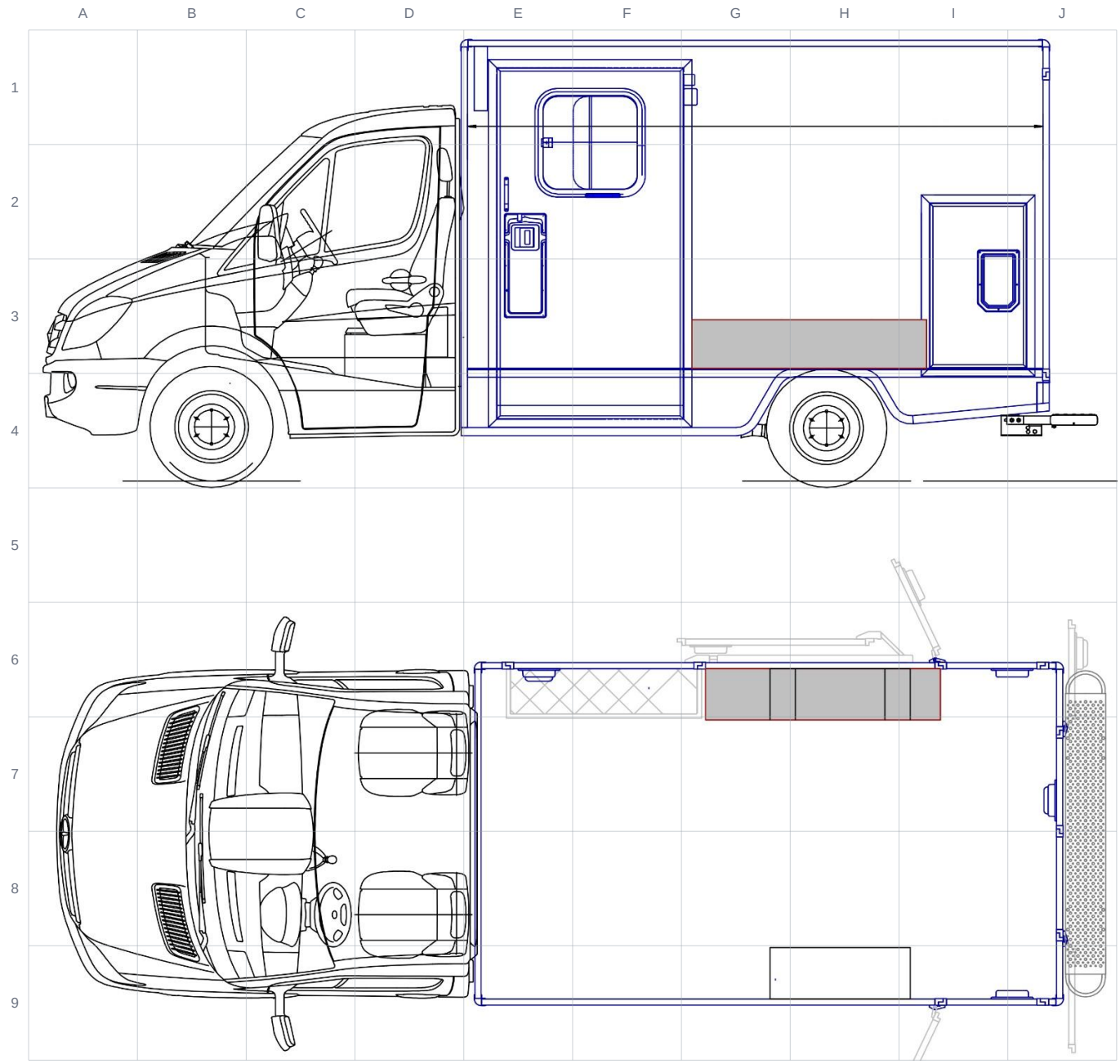
Give equipment positions as grid references in the notes below, one per line — for example: Defibrillator — E4.

You can also draw on this page with your PDF reader's comment or drawing tools, or print it and mark it by hand.



Notes: _____

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For other body types – truck, trailer, etc – please make a sketch below:

For details regarding this form, please contact our technical department at tehnic@deltamed.ro or the sales representative who contacted you. For any other details, please call us on 0264 371568, write to us at vanzari@deltamed.ro Alternatively, you can visit us at Gilau, strada Muncii 33-37, Cluj county.

Thank you, and we assure you that we will do everything so that you perceive the product of our work as your own !

The Deltamed Team