

Company Name:	
Address:	
Contact Name:	
Phone:	
E-mail:	
End User Name:	
Date:	

SCHMALZ	Contact Name:
SCHMALL	Phone:
Application Overtion rains	E-mail: End User Name:
Application Questionnaire	Date:
1. Workpiece Information	
Description of the product(s) being handled	
What is the workpiece material?	
What are the dimensions of the primary work	piece to be handled?
Length Width	Height (Thickness)
What is the weight of the workpiece?	
lbs kg	
What are the characteristics of this material?	
Airtight (Non-Porous) Porous What is the surface quality of this workpiece?	
	xtured (ex. Checker Plate)
What is the surface condition of this workpied	ce?
Dry Wet Oily	Dusty
2. Handling Task	
Detailed description of the handling application	on (please include drawings, pictures, layouts, etc.)
How will the workpiece be handled?	
Horizontal to Horizontal	Vertical to Vertical Tilted up by 90°
Turned (Flipped) by 180°	Rotated by 90° Other
What is the work range of the product (requir	ed lifter stroke)?

What is the cycle time of the lifting application? Number of lifts per hour _____

Lowest Pick/Place Point _____ Highest Pick/Place Point _____

3. Overhead Crane Details							
Which type of crane system will be used for the lifter?							
Freestanding Bridge Crane Ceiling Mounted Bridge Crane							
Freestanding Jib Crane	wall N	Mounted Jib Crane	Other				
What size is the work area that needs to be covered?							
Length			for Jib Cranes)				
What is the height from the floor to the lower crane edge?							
4. Miscellaneous							
Which voltage will be used?							
3Ph/460V/60Hz	3Ph/230V/60Hz	3Ph/208V/60Hz	Other				
Is Compressed air available		<u> </u>					
Yespsi							
5. Sketch	NO						
J. J. G. C.							