



Handling Systems Application Questionnaire

Dealer Name: _____
Address: _____
Contact Name: _____
Phone: _____
E-mail: _____
End User Name: _____
Date: _____

1. Workpiece Information

Description of the product(s) being handled

What is the workpiece material?

What are the dimensions of the **main** workpiece to be handled? (Lifter will be sized for this specific workpiece)

****If multiple sizes are needing to be handled, you must list the dimensions and weights of all of those pieces in section 5 below****

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?

Smooth _____ Rough _____ Textured (ex. Checker Plate) _____

What is the surface condition of this workpiece?

Dry _____ Wet _____ Oily _____ Dusty _____

2. Handling Task

Detailed description of the handling application (please include drawings, pictures, layouts, etc.)

How will the workpiece be handled?

Horizontal to Horizontal



Vertical to Vertical



Tilted up by 90°



Flipped by 180°



Rotated by 90°



Other _____

What is the work range of the product (required lifter stroke)?

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

What is the cycle time of the lifting application?

Number of lifts per hour _____

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 Mounted Jib Crane

Other _____

What size is the work area that needs to be covered?

Length _____ Width _____ or Radius (Span for Jib Cranes) _____

What is the height from the floor to the lowest overhead obstruction?

4. Miscellaneous

Which voltage will be used?

3Ph/460V/60Hz

3Ph/230V/60Hz

3Ph/208V/60Hz

Other _____

Is Compressed air available?

Yes _____ psi

No

Are there any specific regulatory requirements for the lifting system? [EX (ATEX), FDA, Wash-down, etc.]?

Yes _____

No

5. Workpiece Dimensions & Weights (If needing to lift multiple sizes)

L x W x H

Weight

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

6. Sketch/Photos/Drawings

(Please send sketches, photos and/or drawings to your Schmalz Representative via email.)

7. Install

Would you like an install quote using a Schmalz preferred service partner?

Yes

No

8. Service

Would you be interested in a yearly service quote from Schmalz?

Yes

No