Application Analysis Form

Company: ___________________________  Address: ___________________________  Tel: ___________________________
Contact: ___________________________  Fax: ___________________________  E-mail: ___________________________

Equipment Category  Hoist Based Equipment: [ ___ ]  /  Floor Based Equipment: [ ___ ]

Application Requirements

Lift Only:  Horizontal: [ ___ ]  /  Vertical: [ ___ ]
Lift & Rotate: [ ___ ]

Roll Orientation Description

Roll Specs:

Max. Weight: ___________________________
Max. Roll Width: ___________________________
Min. Roll Width: ___________________________
Max. Roll Diameter: ___________________________
Rolled Material: ___________________________
Core Size(s): ___________________________
Core Material: ___________________________

Roll Dimension Description

Description of Application:
(Ex. Lift roll vertically from pallet, rotate to horizontal and place on table.)

Pallet Information

Lift Requirements

Sketch:

Maximum Stack Height

Min. Lift Height To Roll C

Max. Lift Height To Roll C

Max. Headroom To Obstruction Or Hoist Hook