

VACUUM LIFTER SELECTION WORKSHEET

CONTACT INFORMATION

Please fill in as much information as possible about the particular handling requirements for your application. Not all information is required for every situation. If you have questions, contact our technical sales department for assistance.

DATE: _____

PHONE 1: _____ EXT: _____

COMPANY NAME: _____

PHONE 2: _____ EXT: _____

YOUR NAME: _____

FAX: _____

ADDRESS 1: _____

EMAIL: _____

ADDRESS 2: _____

MY NEED IS: IMMEDIATE 1-3 MONTHS

CITY: _____ STATE: _____ ZIP: _____

4-6 MONTHS 7-12 MONTHS

MATERIAL

GLASS METAL STONE OTHER: _____

CURVED, BENT OR IRREGULAR POROUS ROUGH (a sample may be required for rough or porous materials)

ENVIRONMENTAL CONDITIONS (DUSTY, COLD, HOT, WET, ETC.): _____

TYPICAL SIZE: LENGTH: _____ WIDTH: _____ THICKNESS: _____ WEIGHT: _____ LBS. _____ KG.

MIN./MAX. SIZE: LENGTH: _____ WIDTH: _____ THICKNESS: _____ WEIGHT: _____ LBS. _____ KG.

LOAD MANIPULATION

MANUAL TILT POWER TILT (NUMBER OF TILTS PER HOURS: _____)

MANUAL ROTATION POWER ROTATION UPRIGHT ONLY FLAT ONLY

LIFTING SYSTEM: _____ LIFTING SYSTEM CAPACITY: _____ HEIGHT TO HOIST: _____

SPECIAL CONSIDERATIONS: _____

LIFTER SPEED

CYCLE REQUIREMENTS (MAXIMUM ALLOWABLE TIME)

APPLY: _____, RELEASE: _____, LIFTS PER HOUR: _____

TILT: _____, ROTATION: _____, COMPLETE CYCLE: _____

OPERATING POWER

SELF CONTAINED: MANUAL / MECHANICAL PUMP

12 VDC: CHARGER INPUT: VOLTS: _____, HERTZ: _____, PHASE: _____,

OUTSIDE POWER: AC: VOLTS: _____, HERTZ: _____, PHASE: _____,

AIR: AVAILABLE AIRFLOW: _____ CFM _____ l./min.

AVAILABLE PRESSURE: _____ psi _____ kPa

APPLICATION: (Note obstructions, motions, distances, type of hoisting equipment, shifts per day, etc...)

VACUUM LIFTER SELECTION WORKSHEET (CONT.)

CURVED OR BENT MATERIAL SPECIFICATIONS

(Measurements taken from the Concave or Convex surface. Please note which side the measurements are taken from.)

CURVATURE

MATERIAL RADIUS: _____ in/mm

WIDTH

MATERIAL CORD: _____ in/mm - OR -

MATERIAL ARC LENGTH (GIRTH): _____ in/mm - OR -

ARC HEIGHT: _____ in/mm

LENGTH

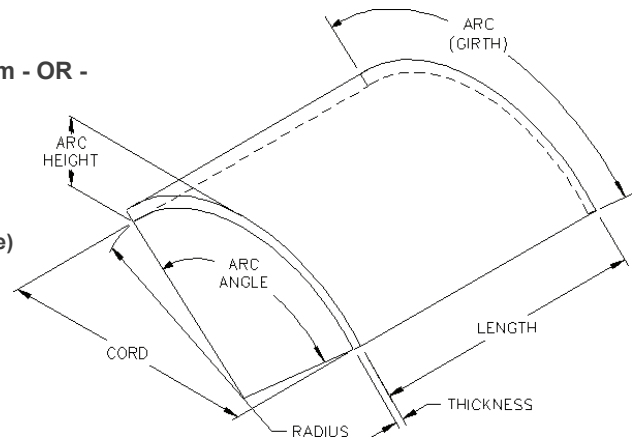
MATERIAL LENGTH: _____ in/mm

THICKNESS (thickness of individual panes and of air gap, if applicable)

MATERIAL THICKNESS: _____ in/mm

AIR GAP THICKNESS: _____ in/mm

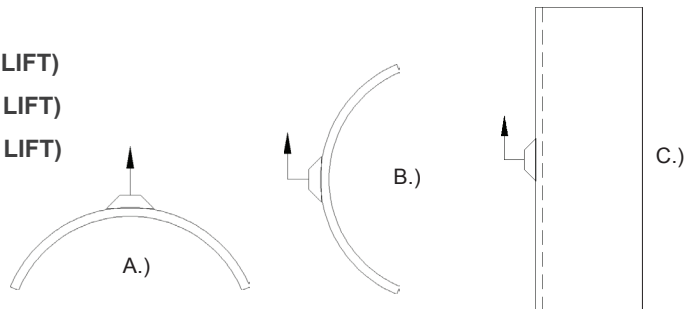
TOTAL THICKNESS: _____ in/mm



LOAD ORIENTATION AND MOVEMENT

(CHECK ALL THAT APPLY)

- A) A TO A (NO CHANGE IN ORIENTATION DURING LIFT)
- B) B TO B (NO CHANGE IN ORIENTATION DURING LIFT)
- C) C TO C (NO CHANGE IN ORIENTATION DURING LIFT)
- D) ROTATE: B TO C
- E) TILT: B TO A
- F) TILT: C TO A



SIDE OF VACUUM PAD ATTACHMENT

- A) CONVEX SIDE
- B) CONCAVE SIDE



ADDITIONAL CURVED OR BENT MATERIAL CONSIDERATIONS
