

APPLICATION EVALUATION — COIL LIFTERS & UPENDERS

Specify type of lifter desired: _____

COIL INFORMATION:

Minimum: O.D. _____ I.D. _____ Width/Height _____ Weight _____

Maximum: O.D. _____ I.D. _____ Width/Height _____ Weight _____

In which position will coil be handled? Eye Vertical Eye Horizontal

Describe coil material: Steel Aluminum Brass/Copper

Describe coil material Other, describe: _____

Describe characteristics of coil (ex. tightly wound, banded, telescoped, oily, hot, etc.): _____

Describe where coil is resting and where it will be placed (ex. on a flat surface, pallet, turnstile arm, etc.): _____

Do the coils need to be protected from damage? Yes, describe: _____ No

ADDITIONAL INFORMATION:

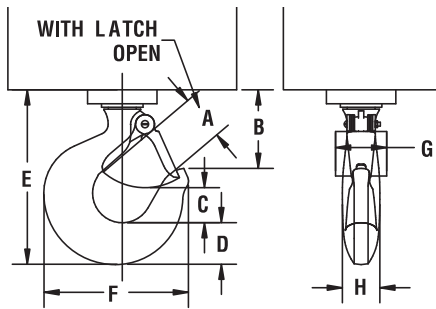
Are reversing motor controls required? No Yes If yes, Furnished Loose Mounted On Lifter

CMAA Crane Duty Class (A, B, C, D, E, F): _____

Please use the space provided below for additional application information or lifter options required (ex: headroom

limitations, clearances where load is picked up and placed, etc.): _____

CRANE HOOK DATA:



- INCHES
- A _____ +0
 - B _____ +0
 - C _____ +0
 - D _____ -0
 - E _____ -0
 - F _____ +/-
 - G _____ -0
 - H _____ -0

Contact: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Measurement Tolerances

+0 = Measurement should be no larger but can be smaller than actual.

-0 = Measurement should be no smaller but can be larger than actual.

+/- = Measurement can be larger or smaller than actual.

