

APPLICATION EVALUATION — TONGS

LOAD INFORMATION - FRICTION TONGS

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

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

Describe product/material being lifted: _____

Please describe how product is resting (Ex. On a flat surface, in a rack, etc.): _____

LOAD INFORMATION - INDENTATION/SUPPORTING TONGS

Minimum: Width _____ Length _____ Height _____ Weight _____

Maximum: Width _____ Length _____ Height _____ Weight _____

Describe product/material being lifted: _____

Will the tongs lift making contact to the width or length side? _____

ADDITIONAL INFORMATION - ALL TYPES

Does the load need to be protected from lifter damage? Yes No

Is an Auto-Latch desired? _____

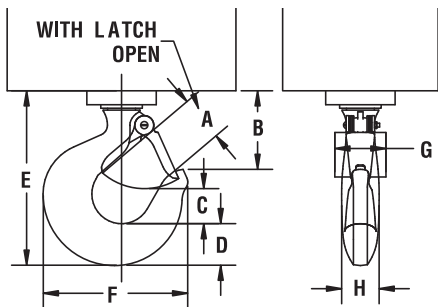
Please provide duty cycle of lifter (lifts per hour and hours per day used): _____

Please provide Crane Classification (A, B, C, D, E, F): _____

Please use the space below to provide additional application information or options required.

For example: headroom issues and space or lifter restrictions. _____

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.

