



Application Data Sheet

1. CUSTOMER INFORMATION (END USER):

Company: _____ Contact: _____ Title: _____
 Address: _____ Phone: _____ Fax: _____
 Country: _____ Email: _____
 Other Contact Info: _____

2. FIXTURE BUILDER / LINE INTEGRATOR:

Company: _____ Contact: _____ Title: _____
 Address: _____ Phone: _____ Fax: _____
 Country: _____ Email: _____
 Other Contact Info: _____

3. APPLICATION INFORMATION:

Number of different parts to be handled: _____

Description of part(s) to be handled: _____

Drawings of part(s) provided by customer: Yes No Drawing format: _____

Part(s) Available for Runoff / Tryout: Yes No Picture/ Video of the work area? Yes No

Picture/ Video of the part being handled today? Yes No

If different, are parts run in batch or random sequence: Batch Random

Dimensions of part:

Description:	Weight:	Height:	Width:	Length:	I.D.	O.D.	Please attach list of additional sizes if applicable	

Surface Finish: Wet Oily Dry Hot °F °C Class A Fragile Textured Other

If other explain: _____

Description of Current Process / Sequence of Operation: _____

Production Rate: Jobs per hour: _____

What is the justification for Manipulation: (Check all that apply)

Reduce Manpower Ergonomics Safety New Product New Work Cell
 Other

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4. PART PICK UP:	FIRST PICK UP:	SECOND PICK UP:
* What is the part being picked up from:		
Are there obstructions around part at pick up:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If yes, specify:		
* Suggested area for attaching device to part:		
* Areas of the part that should not be touched:		
* Part Orientation at pick up (operator's perspective):		
* Part elevation at pick up (dimension):		

*Provide necessary sketches where * appears*

5. PART SET DOWN:	FIRST SET DOWN:	SECOND SET DOWN:
* What is the part being set down into / onto:		
Are there obstructions around part at set down:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If yes, specify:		
* Part Orientation at set down (operator's perspective):		
* Part elevation at set down (dimension):		

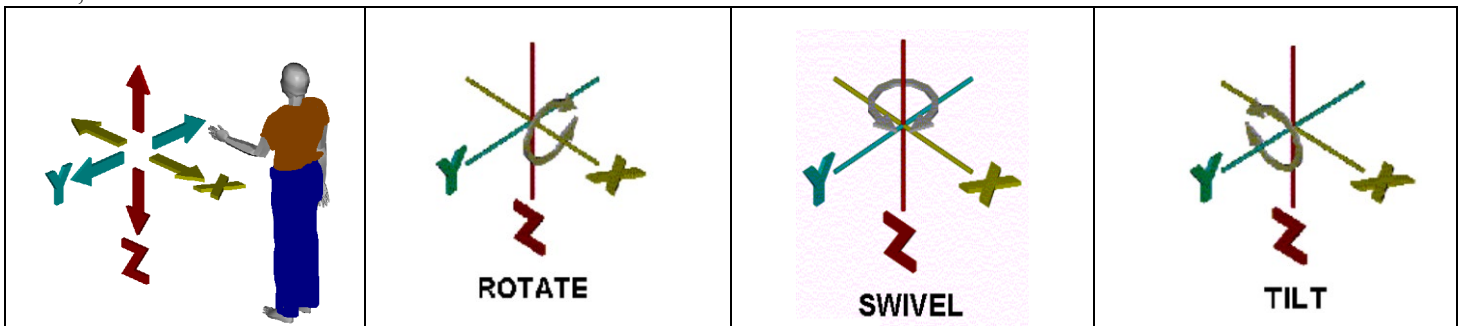
*Provide necessary sketches where * appears.*

6. HANDLING DEVICE FEATURES:	
<u>Style of Handling Device:</u>	
<input type="checkbox"/> Clamp <input type="checkbox"/> Vacuum <input type="checkbox"/> Probe <input type="checkbox"/> Hook <input type="checkbox"/> Trap <input type="checkbox"/> Other	
<u>Type of Controls:</u>	<u>Single Set or Dual Set Controls:</u>
<input type="checkbox"/> ZA <input type="checkbox"/> EA <input type="checkbox"/> 2PS <input type="checkbox"/> BA <input type="checkbox"/> Electronic	<input type="checkbox"/> Single <input type="checkbox"/> Dual

* Motion of Handling Device:

Straight Transfer

If not, indicate the desired motion shown below:



Operators perspective	<input type="checkbox"/> Rotate Degrees: _____ <input type="checkbox"/> Power <input type="checkbox"/> Manual	<input type="checkbox"/> Swivel Degrees: _____ <input type="checkbox"/> Power <input type="checkbox"/> Manual	<input type="checkbox"/> Tilt Degrees: _____ <input type="checkbox"/> Power <input type="checkbox"/> Manual
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*** Specify rotation and / or tilt as viewed by the operator:**

Provide necessary sketches where * appears.



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7. ENVIRONMENT:

Air Pressure: 60-70 PSI 70-80 PSI 80-90 PSI Other PSI

Electrical Supply: 115 VAC If other, please specify _____

Operating Conditions:

Conditions that require customer mfg. Specifications:

Hot Cold
 ° F ° F
 ° C ° C

Corrosive Dusty Clean Room Food / Beverage Medical

Elevation from floor to bottom of header steel or Enclosed

Rail: _____

Type of Rail: _____

8. MOUNTING OPTIONS:

Balancer Style:

150 lb (68 Kg) 200 lb. (90 Kg) 350 lb. (158 Kg) 500 lb. (227 Kg) Intelift: Other: _____

Arm Style:

400 600 700 701 713 720

9. ADDITIONAL REQUIREMENTS:

Are detail drawings required? (extra charge) No Yes If yes, indicate the desired CAD format _____

Type of review if required: On Site Video Special None

10. SPECIAL REQUIREMENTS OR CUSTOMER SPECIFICATIONS:

Prepared by: _____ Date: _____

