

GENERAL APPLICATION FORM

**LIFTSAFE**

This form must be used when requesting a quotation on material handling systems. This form is to ensure that your application is understood from the beginning and is successful throughout the process review and specification. When completed, please email info@liftsafegroup.com or Fax to 519-896-2085 with clear explanations of deadline for quote and where all copies should be faxed/mailed.

PRINT**CLEAR**

Proposal # Date

DISTRIBUTOR INFORMATION

Company Name		E-Mail	
Street Address		Province	
City		Postal Code	
Contact Name		Phone	
Title		Cell	
Project Name		Other Contact Info	

CUSTOMER INFORMATION (END USER)

Company Name		E-Mail	
Street Address		Province	
City		Postal Code	
Contact Name		Phone	
Title		Cell	

APPLICATION INFORMATION

Description of Part to be Handled

Drawings of Part Provided by Customer Not Available Enclosed Available (Not Enclosed)

Parts Available for Runoff / Tryout Yes No Number of Different Parts to be Handled

If Different, are Parts Run In Batch Random Sequence

Dimensions of Part	Weight	Height	Width	I.D.	O.D.
Maximum					
Minimum					

Surface Finish Wet Oily Dry Hot Class A Fragile Textured Other

If Hot Specify Temperature °F

If Other Explain

Description of Current Process/ Sequence of Operation

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

Reduce Manpower	Ergonomics	Safety	New Products	New Work Cell
Other				



Liftsafe
1574 Eagle St N., Unit C101
Cambridge, ON N3H 4S5



(519) 896-2430
info@liftsafegroup.com
www.rdergo.com

SYSTEM QUOTATION SPECIFICATIONS:

Part Pick Up

Are There Obstructions Around Part at Pick Up?

Yes

No

If Yes, Specify*

Suggested Area For Attaching Device to Part*

Areas of 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

SYSTEM QUOTATION SPECIFICATIONS:

Part Set Down

What Part is Being Set Down Into/Onto*

Are There Obstructions Around At Set Down?

Yes

No

If Yes, Specify*

Part Orientation at Set Down (Operator's Perspective)*

Part Elevation at Set Down (Dimension)*

Provide necessary sketches where * appears

HANDLING DEVICE FEATURES

Style of Handling Device

Clamp

Vacuum

Probe

Hook

Trap

Other

Type of Controls

UP/UW

Bal

Electronic

Single or Dual Controls

Single

Dual

Motion of Handling Device

Straight Transfer

If not, indicate the desired motion shown below

Rotate



Rotate

Tilt



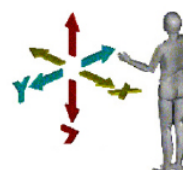
Tilt

Swivel



Swivel

Operator



Operator

Degrees

Degrees

Degrees

☐

Power

Manual

☐

Power

Manual

☐

Power

Manual

Provide Sketches of Rotation and/or Tilt as Viewed by Operator if Rotate or Tilt Motion is Selected

ENVIRONMENT

Power Source:

Air Pressure

60-70 PSI

70-80 PSI

80-90 PSI

Other PSI

Electrical Supply

115 VAC

Other



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ENVIRONMENT CONDITIONS

Conditions

Hot °F

Cold °F

Conditions that require customer manufacturing specifications

Corrosive

Dusty

Clean Room

Food/Beverage

Medical

Elevation Information

Elevation from Floor to Bottom of Header Steel

Can Elevation Drawings be Provided?

Yes

No

Can Work Area Drawings be Provided?

Yes

No

MOUNTING OPTIONS

Balancer Style

150 lbs

200 lbs

350 lbs

500 lbs

Other

Arm Style

SP Series

FR Series

ADDITIONAL REQUIREMENTS

Can Rack or Dunnage be Provided?

Yes

No

Are Detail Drawings Required (Extra Charge)

Yes

No

If yes, indicate the desired CAD format

Can Part Drawings be Provided?

Yes

No

If yes, indicate CAD format they will be supplied in

Can Tooling Drawings be provided?

Yes

No

If yes, indicate CAD format they will be supplied in

Can Videos/Photos be provided of Area?

Yes

No

Can Floor Plans be provided?

Yes

No

If yes, indicate CAD format they will be supplied in

Customer Review Required Prior to Shipment?

Yes

No

Type of Review if Required

Live

Video

If there is more than one pick up and set down operation fill out a separate sheet for each operation.

SPECIAL REQUIREMENTS/CUSTOM SPECIFICATIONS

ADDITIONAL COMMENTS

CUSTOMER TARGET PRICE INFORMATION

Customer's Budget

Prepared By

Date

I understand that any changes to the above listed requirements may have an effect on system price, delivery and may require an updated quotation.

Signature

Date

Name and Title



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