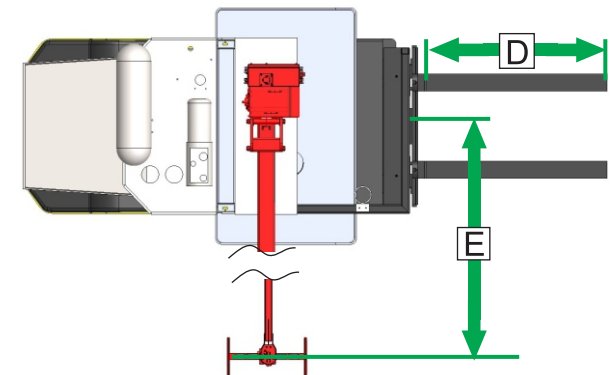
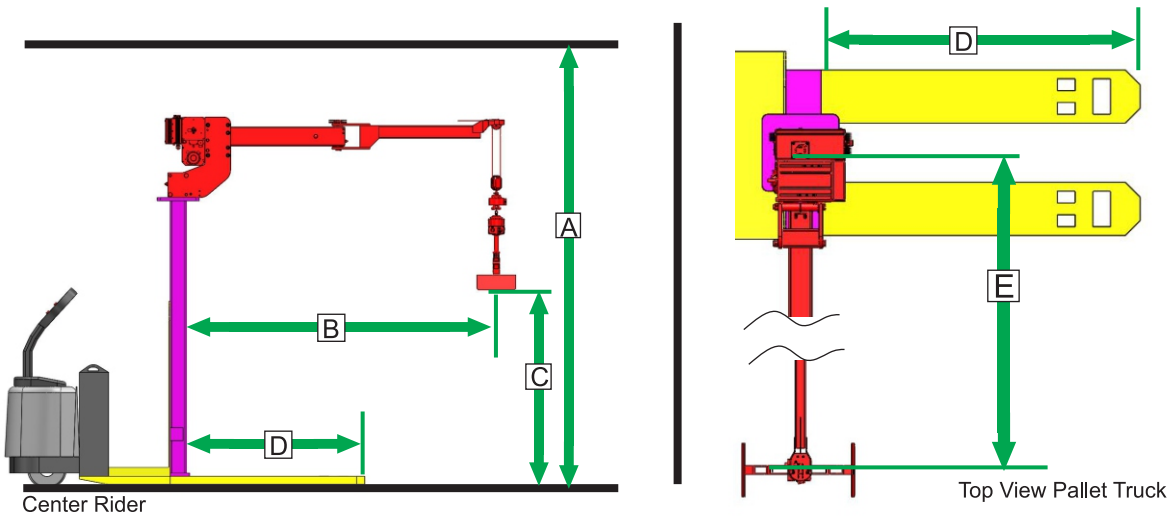
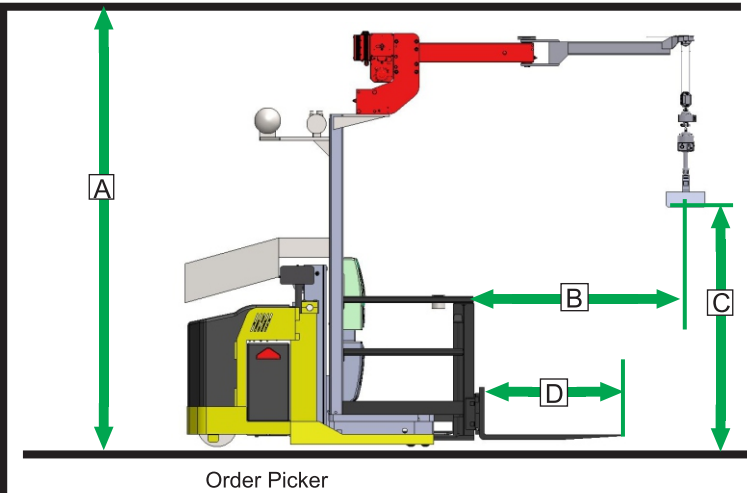
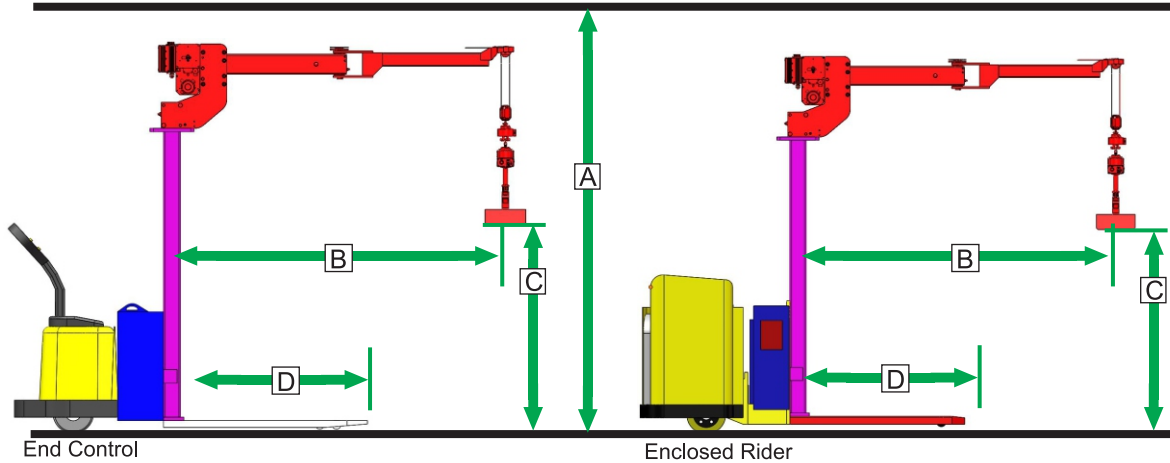


MANIPULATOR WORKSHEET





MANIPULATOR WORKSHEET

- _____ A: Overhead Obstructions
ie: light fixtures, overpasses, doorways, sprinklers, racking etc.
- _____ B: Clear distance needed from truck to center of lift.
- _____ C: Lowered tool height requirement (how close to the floor do you want to go?)
- _____ D: Fork length requirement.
- _____ E: Centerline of truck to max lateral reach requirement.
- _____ F: Pallet size? L _____ x W _____ x H _____

Individual Product Info:

Weight - _____

Height - _____

Width - _____

Possible Type of connection needed?

Manual Hook - Vacuum - Chuck jaw - Clamp - Expanding Core Shaft - Other

Do you want to reindex the load? Turn 90 degrees, rotate it on its axis, other?

Environment:

Corrosive ☐ Dusty ☐ Abrasive ☐ Explosive ☐ Clean ☐

Temperature
Normal? 65 - 85F Hot? F Cold? F

Humidity level? ☐ Dry ☐ Normal/Seasonal ☐ Increased Humidity

**INTERNAL USE ONLY**

Issue Date: _____

Proposal #: _____

Date Received: _____

Date Quoted: _____

Quoted by: _____

This document to be used for Material Handling Custom Solutions Design & Engineering.

1. SYSTEM SPECIFICATIONS:

This form must be used when requesting a quotation for handling devices, or custom applications to ensure that your application is understood from the beginning and is successful throughout the process review and specification.

Please complete this form and email to Matt Lusk, matl@superioreng.com with clear explanations, and requested deadline for quote.

Please include sample photos of application process whenever possible, along with any sketch/drawings available upon initial review/qualification, and or any input provided by end user.

Contact: _____ Date: _____

Project Contact _____ Phone: _____

Project
Name:

Funding Approved Yes / No

Budgetary or Firm Pricing Request Yes / No

1.CUSTOMER INFORMATION (END USER):

Company: _____ Contact: _____ Title: _____

Address: _____ Phone: _____ Fax: _____

Country: _____ Email: _____



2. APPLICATION INFORMATION:

Number of different parts to be handled:

Include Installation / Start Up support Yes / No

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

Please ask to photo, or customer may provide & include

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

☐ Class A

☐ Fragile

☐ Textured

☐ Other

If other explain:

*Description of Current Process / Sequence of Operation ie: how are parts being handled now?

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

3. PART 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*

4. PART 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.*

5. HANDLING DEVICE FEATURES:

Style of Handling Device:

☐ Clamp
 ☐ Vacuum
 ☐ Probe
 ☐ Hook
 ☐ Trap
 ☐ Other
 Or Recommend Y / N

Type of Controls:

☐ ZA
 ☐ EA
 ☐ 2PS
 ☐ BA
 ☐ Electronic
 Other: _____

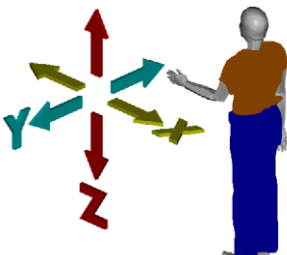
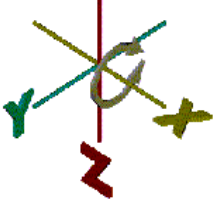
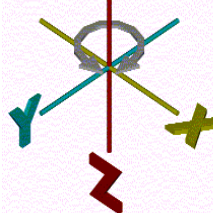

Single or Dual Controls:

☐ Single
 ☐ Dual

* Motion of Handling Device:

☐ Straight Transfer

If not, indicate the desired motion shown below:

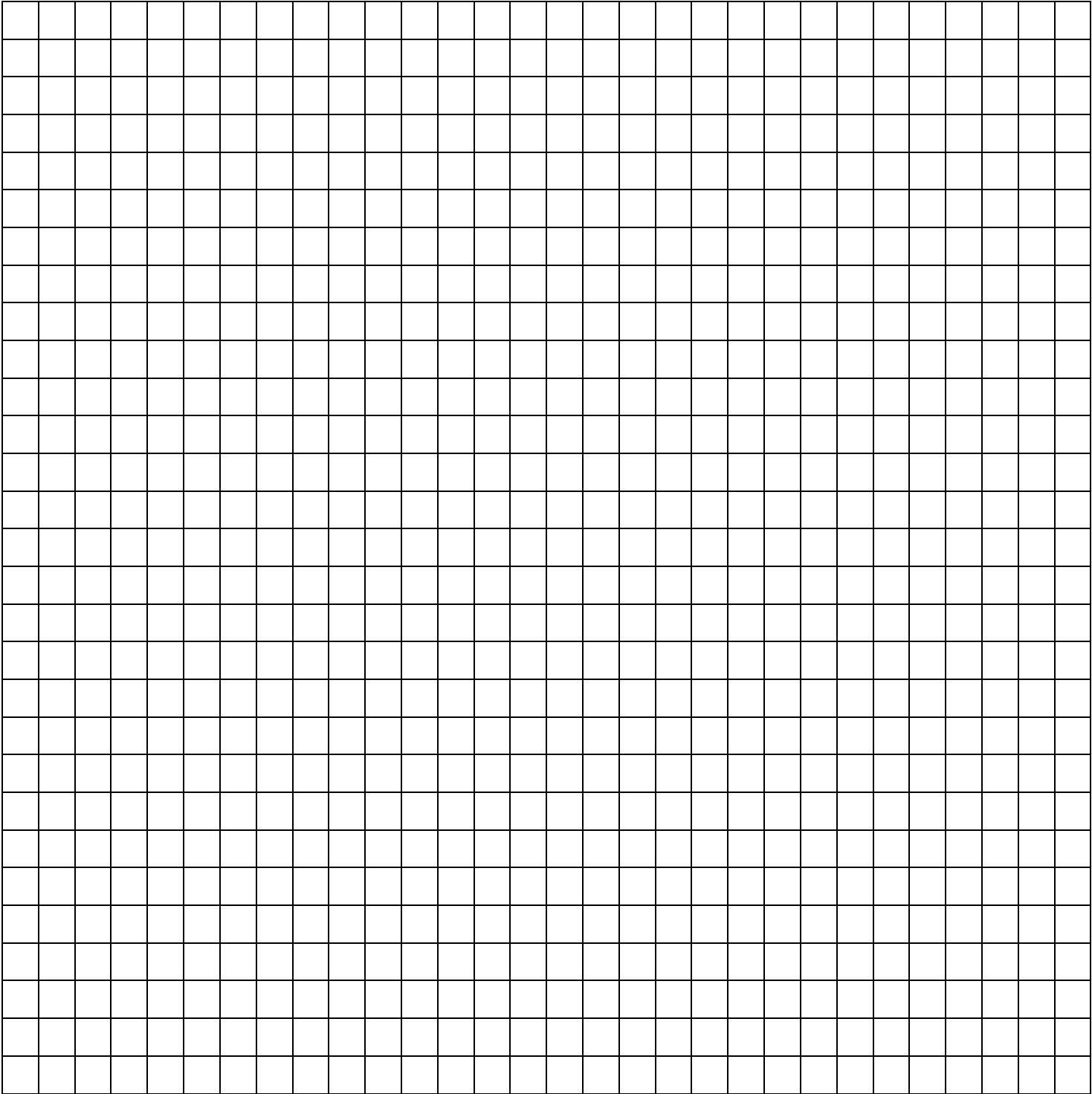
	 ROTATE	 SWIVEL	 TILT
---	--	---	--

Operators perspective	<input type="checkbox"/> Rotate Degrees: _____	<input type="checkbox"/> Swivel Degrees: _____	<input type="checkbox"/> Tilt Degrees: _____
	<input type="checkbox"/> Power <input type="checkbox"/> Manual	<input type="checkbox"/> Power <input type="checkbox"/> Manual	<input type="checkbox"/> Power <input type="checkbox"/> Manual

*** Specify rotation and / or tilt as viewed by the operator:**

Provide necessary sketches where * appears.

Prepared by: _____ Date: _____





ENGINEERING
 WWW.SUPERIORENG.COM
1-800-359-3052
 PO Box 547, Belton SC 29627
 "America's Leading Manufacturer of
 Specialty Material Handling Equipment"

REQUIRED INFORMATION

All information provided is used
 for quoting purposes only and is
 considered proprietary and
 confidential.

Application Analysis Form

Company: _____ Address: _____ Tel: _____
 Contact: _____ Fax: _____
 E-mail: _____

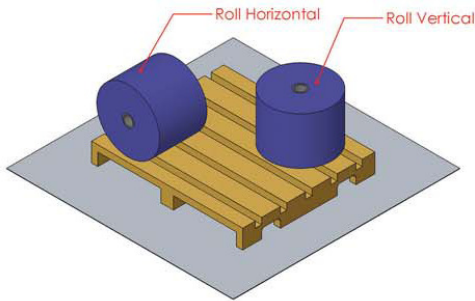
Equipment Category Hoist Based Equipment : [_] / Floor Based Equipment: [_]

Application Requirements

Lift Only: Horizontal: [_] / Vertical: [_]

Lift & Rotate: [_]

Roll Orientation Description



Roll Specs.:

Max. Weight: _____

Max. Roll Width: _____

Min. Roll Width: _____

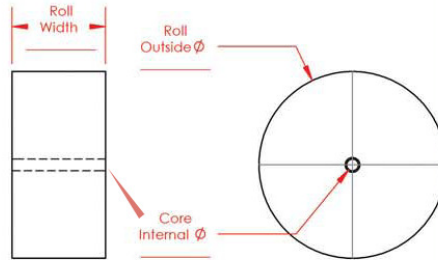
Max. Roll Diameter: _____

Rolled Material: _____

Core Size(s): _____

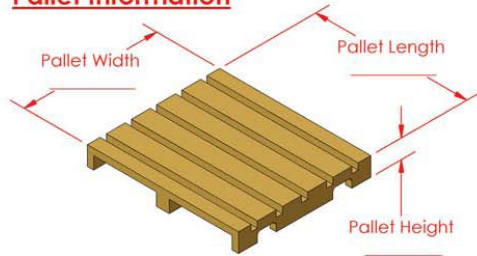
Core Material: _____

Roll Dimension Description



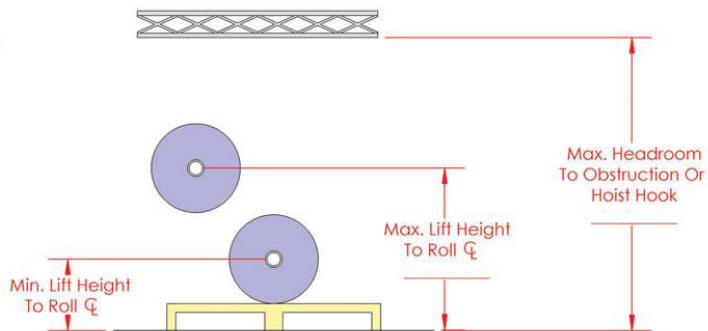
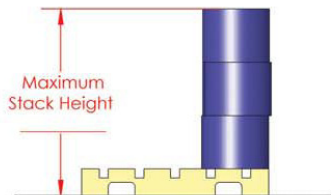
Description of Application: (Ex. Lift roll vertically from pallet rotate to horizontal and place on table.)

Pallet Information



Sketch:

Lift Requirements



Completed by: _____

Date: _____