

# Posi-Gantri™ - Application Evaluation

## PRODUCT:

Product to be handled \_\_\_\_\_

Maximum: Weight \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Minimum: Weight \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Does product have:  Sharp Edges/Corners  Protrusions  Welding Application

Is temperature of product at time of handling over 150° F?  No  Yes Temperature: \_\_\_\_\_

Type of slings preferred:  Polyester  Steel Mesh  Chain

Decision time frame and expected delivery: \_\_\_\_\_

## WORK AREA:

Floor space available: Length \_\_\_\_\_ Width \_\_\_\_\_

Ceiling height: \_\_\_\_\_

Is product lifted from:  Floor  Worktable  Fork Lift

Size of worktable: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Will product be rotated over worktable:  Yes  No

Amount of rotation:  90°  180°  360°

Describe any hazardous conditions: \_\_\_\_\_

## POWER REQUIREMENTS:

Electrical:  DC  AC Voltage \_\_\_\_\_ Phase \_\_\_\_\_ Cycle \_\_\_\_\_

Pneumatic: Pressure \_\_\_\_\_ Flow \_\_\_\_\_ Line Size \_\_\_\_\_

## OTHER OPTIONS:

Chain Hoist:  Manual  Electric

Power Cord Tag Line

Wheel Locks

Swivel Locks

Combined Pendant With Hoist

Contact: \_\_\_\_\_

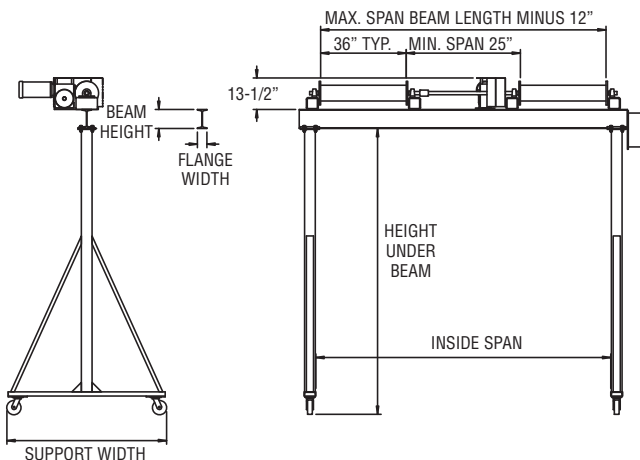
Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



For a price quote on your specific application, please complete the above application form and fax this along with a photo, sketch, or drawing of the product being rotated to The Caldwell Group at **815-229-5686** or you can complete this form online at [www.caldwellinc.com/applications](http://www.caldwellinc.com/applications).