

Coil Handling - Application Evaluation

Specify type of lifter desired: _____

COIL INFORMATION:

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

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

In which position will coil be handled? Eye Vertical Eye Horizontal

Describe coil material: Steel Aluminum Brass/Copper

Other, describe: _____

Describe characteristics of coil (ex. tightly wound, banded, telescoped, oily, hot, etc.):

Describe where coil is resting and where it will be placed (ex. on a flat surface, pallet, turnstile arm, etc.):

Do the coils need to be protected from damage? Yes, describe: _____ No

ADDITIONAL INFORMATION:

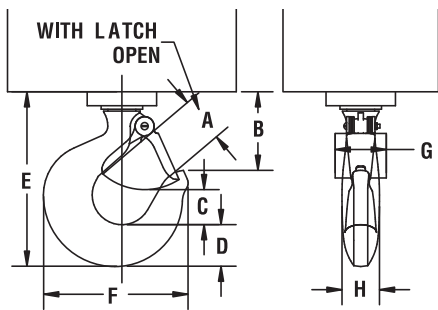
Are reversing motor controls required? No Yes If yes, Furnished Loose Mounted On Lifter

CMAA Crane Duty Class (A, B, C, D, E, F): _____

Please use the space provided below for additional application information or lifter options required (ex: headroom limitations, clearances where load is picked up and placed, etc.):

CRANE HOOK DATA:

INCHES



- A _____ +0
- B _____ +0
- C _____ +0
- D _____ -0
- E _____ -0
- F _____ +/-
- G _____ -0
- H _____ -0

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.

Contact: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

For a price quote on your specific application, please complete the above form and fax to The Caldwell Group at **815-229-5686** or you can complete this form online at www.caldwellinc.com/applications.