

Tongs - Application Evaluation

LOAD INFORMATION - FRICTION TONGS

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

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

Describe product/material being lifted: _____

Please describe how product is resting (Ex. On a flat surface, in a rack, etc.):

LOAD INFORMATION - INDENTATION/SUPPORTING TONGS

Minimum: Width _____ Length _____ Height _____ Weight _____

Maximum: Width _____ Length _____ Height _____ Weight _____

Describe product/material being lifted: _____

Will the tongs lift making contact to the width or length side? _____

ADDITIONAL INFORMATION - ALL TYPES

Does the load need to be protected from lifter damage? Yes No

Is an Auto-Latch desired? _____

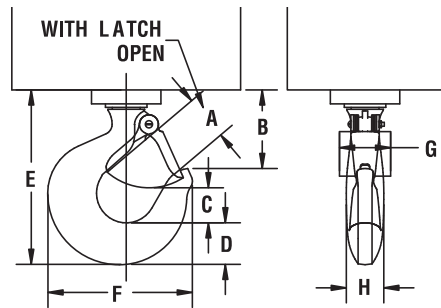
Please provide duty cycle of lifter (lifts per hour and hours per day used): _____

Please provide Crane Classification (A, B, C, D, E, F): _____

Please use the space below to provide additional application information or options required.

For example: headroom issues and space or lifter restrictions.

CRANE HOOK DATA:



INCHES

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

Contact: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

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.

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.