

Auto Paper Roll Clamp Questionnaire



Paper Roll Clamp

REQUESTOR INFORMATION :

Name: _____ Tel No: _____
 Company Name: _____ Fax No: _____

TRUCK INFORMATION

OEM _____	CAPACITY _____	kg	
MODEL _____	MAX PRESSURE _____	bar	
	CARRIAGE WIDTH _____	mm	
MAST TYPE			
MS <input type="radio"/>	OVERALL LOWERED HEIGHT _____		
MD <input type="radio"/>	OVERALL LIFT HEIGHT _____		
MT <input type="radio"/>			
MQ <input type="radio"/>			
WIDTH CARRIAGE _____ inches			
AUXILIARY OPERATING PRESSURE _____	_____	psi/bar	
AUXILIARY HYDRAULIC FLOW _____	_____	gpm/lpm	
ITA MOUNTING CLASS _____	_____		
HYDRAULIC VALVES FITTING SIZES NO. _____	_____		
HYDRAULIC AUXILIARY FROM CLAMP TO LIFT TRUCK _____	HOSE SIZE _____		
	HOSE REEL _____		
	INTERNAL REEVING _____		
CABLE HOSE REEL REQUIREMENT _____	RIGHT _____ LEFT _____		

CLAMP SPECIFICATION

<u>ARM CONFIGURATION</u>	<u>CONTACT PADS</u>	<u>ITA/FEM MOUNTING</u>
FIXED SHORT ARM <input type="radio"/>	RUBBER BOLT ON <input type="radio"/>	II <input type="radio"/>
POSITIONED SHORT ARM <input type="radio"/>	RIBBED VERTICAL <input type="radio"/>	III <input type="radio"/>
OTHER _____	CAST <input type="radio"/>	IV <input type="radio"/>
	OTHER _____	

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ROTATION
NON ROTATION

HANDLING ENVIRONMENT
BOXCAR
TRAILER
WAREHOUSE
FEED MACHINE
STEVEDORING
BARGE

SPLIT ARM
YES
NO

FITTING JIC / SIZE REQUIRED _____
MOUNTING ANGLE DEGREE _____
PAPER TYPE _____
ROLL RANGE MIN _____

MAX _____ HEIGHT _____