

Drum Attachment Questionnaire



Drum Attachment

REQUESTOR INFORMATION :

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

A) WHAT IS THE APPLICATION?

B) NO. OF DRUMS TO BE HANDLED AT A TIME? _____

C) WEIGHT OF DRUMS TO BE HANDLED? _____ kg

D) BRIEFLY LIST CONTENT OF DRUMS

E) TYPE OF DRUMS TO BE HANDLED:

STEEL PLASTIC
FIBRE OTHERS: _____

F) CONDITION OF DRUMS:

USED NEW

G) DO YOU REQUIRE A DRUM HANDLER THAT IS MACHANICAL OR HYDRAULIC?

MECHANICAL HYDRAULIC

H) ARE YOU LOOKING FOR STAND ALONE DRUM HANDLER OR FORKLIFT ATTACHED?

STAND ALONE FORKLIFT ATTACHED

I) IS SIDESHIFTING FUNCTION REQUIRED?

YES NO

J) WHERE WILL THE UNIT BE USED?

CONTAINER WAREHOUSE ONLY
OTHERS _____

K) IS ROTATION REQUIRED? WHAT WILL BE IT'S USE?

YES NO USAGE _____

L) BRAND & MODEL OF FORKLIFT TO BE COUPLED ONTO.
