

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 _____	

Auto Paper Roll Clamp Questionnaire

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 _____