



Send to: Tom Snyder tsnyder@sitindeva.com

Application Data Sheet

Date: _____
By: _____
Application Name _____

Distributor _____
Street _____
City _____
State _____
Zip: _____

Customer _____

Contact Person: _____
Position _____
Phone _____
Fax _____
Email _____

Funding	Future Budgeting		Requesting Funds		Approved Funds
Available Budget	< \$10,000	\$10,000 - \$20,000	\$20,000 - \$40,000	\$40,000 - \$60,000	

Due Date _____ **Quote** _____ **Installation** _____

Competition _____

Type of Equip _____

Existing Supplier YES / NO

Customer/Vendor Relationship Excellent Good Fair Poor

Customer Satisfaction ☺ ☹ ☹



APPLICATION

Job Station # / Title _____
Type of Application NEW REPLACE EXISTING UPGRADE EXISTING
How is the operation performed now? Manually Hoist Other

Brief Description of Objectives to be Accomplished

Description of handling cycle:	Cycle Time? _____	Number of Shifts	1	2	3	4		
1) _____							V	H
2) _____							V	H
3) _____							V	H
4) _____							V	H
5) _____							V	H
6) _____							V	H

What operations (not related to the use of the lifting device) does the operator need to perform during the work cycle? _____

Pick part up from Floor Pallet Table Cart Conveyor
 Other _____

Height from floor _____

Position Vertical Horizontal Other _____

Any obstacle above the part YES NO

Obstacle height _____

Release part on Floor Pallet Table Cart Conveyor
 Other _____

Height from floor _____

Position Vertical Horizontal Other _____

Any obstacle above the part YES NO

Obstacle height _____



EXISTING AREA FLOOR PLAN

- What is the position of the operator in reference to the product during different phases of the handling cycle?
- Is the operator's position required by the production process? YES NO
- If needed, can a different position be suggested? YES NO
- Does the lifting device need to be designed for a particular type of operator? YES NO
Female Handicapped Operators with limited capacity
- Do we have more than one gripping location? YES NO
- Is the gripping location stationary moving (i.e. chain conveyor, belt conveyor)
- Do we have more than one releasing location? YES NO
- Is the releasing location stationary moving (i.e. chain conveyor, belt conveyor)
- Are photos of the area available? YES NO
- Are detail drawings of the area available? YES NO
- Are there areas that the system CANNOT be installed? YES NO
- Indicate area that system can be installed.
- Indicate gripping / releasing locations in the layout.

Sketch Area Layout



Product Information

- **How many different types or families?** _____
- **Handling** Random Batches **# of pieces or duration of each batch** _____
- **Product material** Steel Aluminum Plastic Rubber Wood _____
- **Weight:** Min _____ Max _____ **How many different weights between min. and max.?** _____
- **Tolerance of nominal weight?** +/- _____

Type or model	Length	Width	Height	Weight	Notes

- **In case of boxes / containers, what's the product inside?** _____
- **Boxes / containers sealed with -** Straps Tape Staples Glue Heat Weld Other _____
- **What is the temperature of the piece?** _____
- **How many pieces at the same time do we need to handle?** _____
- **Part surface is:** Fragile Wet Greasy Rough Other _____
- **Is the part rigid or will it deform under pressure?** Rigid Deform
- **Is the part rigid enough to be gripped by vacuum?** YES NO
- **Can we grip the part by vacuum?** YES NO
- **Is the product strong enough to apply pressure to grip (gripping by friction)?** YES NO
- **Can the product be dangerous for the operator during the handling cycle?** YES NO
- **Do we need to consider special protection devices?** YES NO
- **Obstacles in the working area that cannot be removed (lights, ducts, machinery)?** YES NO
- **Does obstacle interfere with vertical clearance over the center of gravity of part?** YES NO
- **Is the center of gravity in the geometric center of the part?** YES NO
- **Does the product require exact positioning?** YES NO
- **Is the part in the same orientation during the working cycle?** YES NO
- **At gripping / releasing is the part located on centering or reference guides?** YES NO



Product Information

- **Gripping Surface** Steel Aluminum Plastic Rubber Wood Other _____
- **How much room is available around the product for positioning gripping device?** _____
While gripping? _____ While releasing? _____
- **Does gripper need to reach underneath obstacle?** YES NO
- **Are photos of the part available?** YES NO
- **Are dimensional drawings of the part available?** YES NO
- **Forbidden gripping points: (indicate on the sketch)** YES NO
- **Recommended gripping points: (indicate on the sketch)** YES NO

Sketch Part



SYSTEM TO BE PROPOSED

EASY / LIFTRONIC	Column	Rail	Ceiling
Arm Length	2.5m / 8.2 ft	3m / 9.8 ft	Special _____
PN Series	Compact Column	Zip Rail	Flex Ceiling
Tooling	Sensitive Handle Magnet Expanding Chuck Rotation Custom Gripper _____ Recommended or forbidden material for the gripper (Where in contact with product)? _____	Safety Hook Vacuum – Mechanical – Manual	Scissor Pantograph Linear Pantograph Power Power
Balancing	1 Pre-Set Load	2+ Pre-Set Loads	Self-Balancing (N/A on PN) Is the center of gravity in the geometric center of the part? Yes No
Environment	Dusty Moist Wet Corrosive Explosive	Other _____	
Special Configurations:	Paint Color Stainless Steel	Explosion Proof Chemical Resistant	Wash Down Food Grade Other _____

ADDITIONAL NOTES



INSTALLATION

- **Installation by** SIT-Indeva Distributor Customers Contractor
- **Installation performed on** 1st 2nd 3rd Weekend Holiday
- **SIT-Indeva to Provide** Installation Supervision Start-Up Operator Training
- **Utilities Available:** Electric Voltage _____ Compressed Air _____psi
- **Distance from System to Utility Source** _____
- **What is the overhead clearance in the area?** _____
- **Structural Support System** Ceiling Floor
- **If Ceiling Supported** Distance from floor to structural steel _____
Joist running _____ Parallel / Perpendicular to system
Spacing between joist _____
- **System Elevation** Floor –Top of Runways _____ Floor to Trolley Saddle _____
- **Runways** Length _____ Number of Runways _____
- **Bridges** Length _____ Number of Bridges _____
Telescoping Y / N Length _____

ADDITIONAL NOTES
