APPLICATION EVALUATION — TONGS

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:

WITH LATCH OPEN

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

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.

Contact:____________________________________________
Company: __________________________________________
Address:____________________________________________
City, State, Zip:______________________________________
Phone: _____________________________________________
Fax: ________________________________________________
Email: ______________________________________________

For a price quote on your specific application, please complete this above form and fax to 1 (716) 689.5582 or you can complete this form online at www.cmworks.com/cady