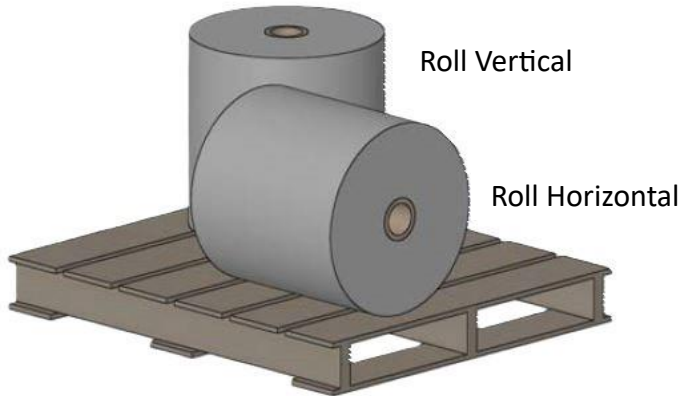


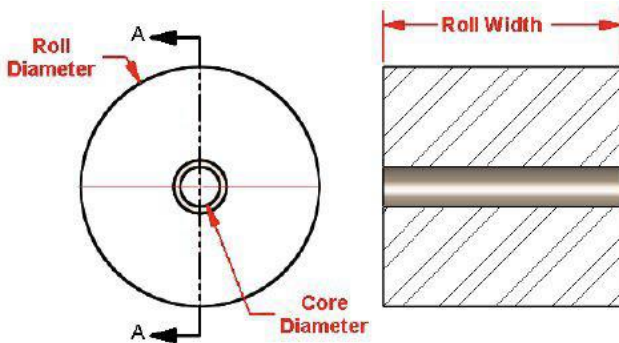
## Safety Lift Questionnaire

Company \_\_\_\_\_  
 Country \_\_\_\_\_  
 Contact \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Date \_\_\_\_\_



**Handling:**

- Lift only horizontal     
  Lift only vertical     
  Lift & turn  
 By the OD                     
  By the core

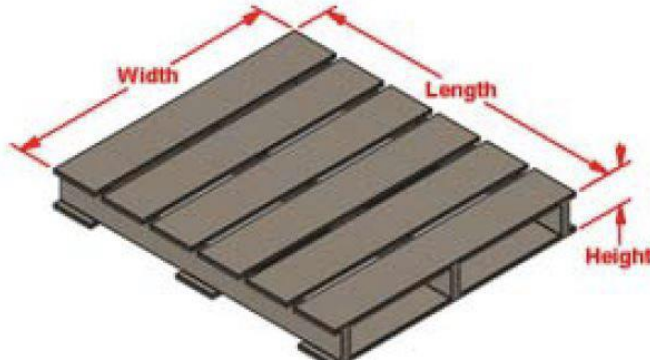


Min. weight (kg)	_____	Max. weight (kg)	_____
Min. width (mm)	_____	Max. width (mm)	_____
Min. diameter (mm)	_____	Max. diameter (mm)	_____
Core size(s) (mm)	_____	Core material	Select

Roll material: Select

Will roll telescope?  Yes  No

**Operating Requirements**

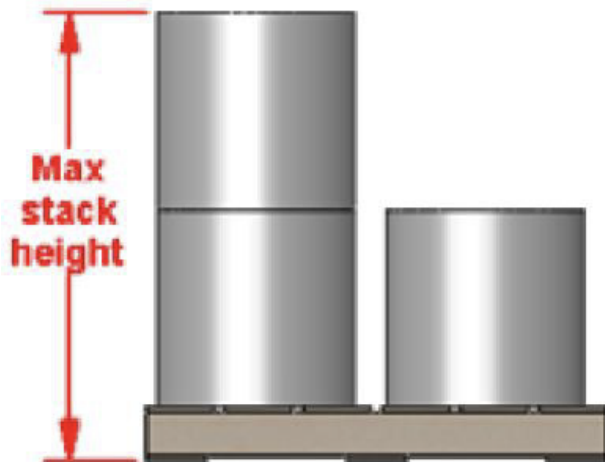


Width (mm)	
Length (mm)	
Height (mm)	

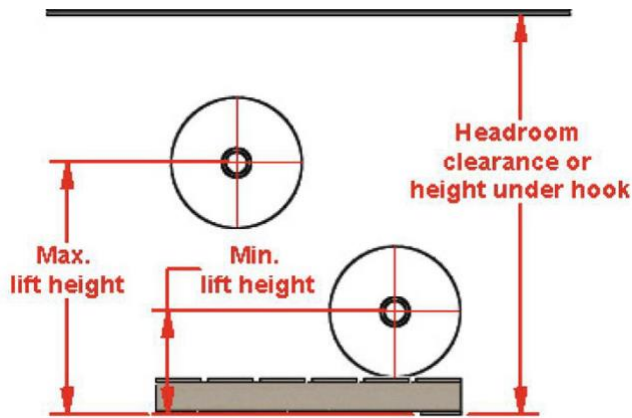
Access: Open  (4 sides & corners)  
 Closed:  L-Side  W-side

**Additional Info**

Usage cycles/hour	
No. of shifts	
ESD Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Stack height (mm)	
Rolls per layer	



Headroom clearance (mm)	
Min. lift (mm)	
Max lift (mm)	

Please describe in short words your workflow.

**Are there restrictions to workspace / environment?**

*(e.g. limited access to end machine, narrow aisles, passage of doors etc.)*

*(this field can also be used for questions or comments from your side)*

**Attachments**

- Photos
- Sketches
- Technical drawings (e.g. STEP-files)

Once you have completed this questionnaire, please save and email to [Sales@SafetyLiftSolutions.com](mailto:Sales@SafetyLiftSolutions.com)