

Data Application Work Sheet



R&D ERGO LTD.
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Ayr Ontario, NOB 1E0

This form must be used when requesting a quotation on material handling systems. This form is to ensure that your application is understood from the beginning and is successful throughout the process review and specification. When completed, please email davidg@rdergo.com or Fax to 519-896-2085 with clear explanations of deadline for quote and where all copies should be faxed/mailed.

Proposal #

Date

Distributor Information

Company Name

E-Mail

Street Address

Province

City

Postal Code

Contact Name

Phone

Title

Cell

Project Name

Other Contact Info

Customer Information (End User)

Company Name

E-Mail

Street Address

Province

City

Postal Code

Contact Name

Phone

Title

Cell

Application Information

Description of Part to be Handled

Drawings of Part Provided by Customer

Not Available

Enclosed

Available (Not Enclosed)

Parts Available for Runoff / Tryout

Yes

No

Number of Different Parts to be Handled

If Different, are Parts Run In

Batch

Random Sequence

Dimensions of Part

Weight

Height

Width

I.D.

O.D.

Maximum

Minimum

Surface Finish

Wet

Oily

Dry

Hot

Class A

Fragile

Textured

Other

If Hot Specify Temperature

°F

If Other Explain

Description of Current Process/
Sequence of Operation

What is the justification
for Manipulation

Reduce Manpower

Ergonomics

Safety

New Products

New Work Cell

(Check All that Apply)

Other



A Division of Liftsafe Group of Companies

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System Quotation Specifications: Part Pick Up

Are There Obstructions Around Part at Pick Up Yes No

If Yes, Specify*

Suggested Area For Attaching Device to Part*

Areas of Part that Should Not be Touched*

Part Orientation at Pick Up (Operator's Perspective)*

Part Elevation at Pick Up (Dimension)*

Provide necessary sketches where * appears

System Quotation Specifications: Part Set Down

What Part is Being Set Down Into/Onto*

Are There Obstructions Around At Set Down? Yes No

If Yes, Specify*

Part Orientation at Set Down (Operator's Perspective)*

Part Elevation at Set Down (Dimension)*

Provide necessary sketches where * appears

Handling Device Features

Style of Handling Device	Clamp	Vacuum	Probe	Hook	Trap	Other
Type of Controls	UP/DW	Bal				
	Electronic					
Single or Dual Controls	Single	Dual				
Motion of Handling Device	Straight Transfer					

If not, indicate the desired motion shown below

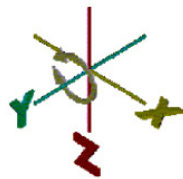
Rotate



Degrees

Power Manual

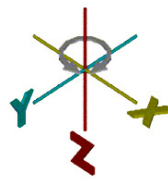
Tilt



Degrees

Power Manual

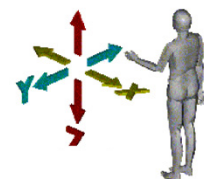
Swivel



Degrees

Power Manual

Operator



Provide Sketches of Rotation and/or Tilt as Viewed by Operator if Rotate or Tilt Motion is Selected

Environment

Power Source:

Air Pressure	60-70 PSI	70-80 PSI	80-90 PSI	Other PSI
Electrical Supply	115 VAC	Other		



Environment Cont.

Conditions

Hot °F Cold °F

Conditions that require customer manufacturing specifications

Corrosive Dusty Clean Room Food/Beverage Medical

Elevation Information

Elevation from Floor to Bottom of Header Steel

Can Elevation Drawings be Provided? Yes No

Can Work Area Drawings be Provided? Yes No

Mounting Options

Balancer Style 150 lbs 200 lbs 350 lbs 500 lbs Other

Arm Style SP Series FR Series

Additional Requirements

Can Rack or Dunnage be Provided? Yes No

Are Detail Drawings Required? (Extra Charge) Yes No If yes, indicate the desired CAD format

Can Part Drawings be Provided? Yes No If yes, indicate CAD format they will be supplied in

Can Tooling Drawings be Provided? Yes No If yes, indicate CAD format they will be supplied in

Can Videos/Photos be Provided of Area? Yes No

Can Floor Plans be Provided? Yes No If yes, indicate CAD format they will be supplied in

Customer Review Required Prior to Shipment? Yes No

Type of Review if Required Live Video

If there is more than one pick up and set down operation fill out a separate sheet for each operation.

Special Requirements/Custom Specifications

Additional Comments

Customer Target Price Information

Customer's Budget

Prepared By _____ Date _____

I understand that any changes to the above listed requirements may have an effect on system price, delivery and may require an updated quotation.

Signature _____ Date _____

Name and Title _____

