

Inquiry Date: _____ Due Date _____
 Contact: _____
 Company: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Linearizer Electric Worker Platform Survey Sheet

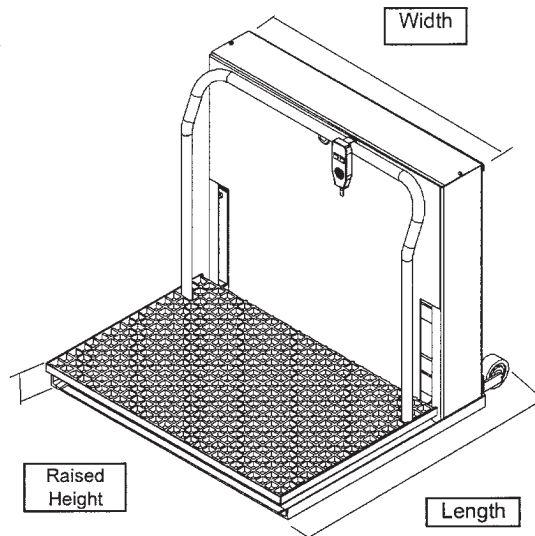
PLATFORM SIZE

Not Critical

Overall Width: _____
 Overall Length: _____
 Overall Height: _____
 Load size: _____
 Capacity: _____
 Type of Flooring: _____
 Caster Type: _____
 Ground Clearance: _____
 Type of Loading: _____

BASE WIDTH

Width: _____
 Length: _____
 Lowered Ht.: _____
 Raised Ht.: _____
 Table Cap.: _____
 Travel: _____



POWER (Check One)

____ A/C (110V ____ 220V ____ 460V ____ Other ____)
 ____ Single Phase ____ Three Phase
 ____ Air / Hydraulic
 ____ Reciprication Air / Oil ____ Rotary Air/Oil
 * Air / Hydraulic may not be available in all sizes

PRODUCT INFORMATION

If using with load other than
people please specify

Other: _____

Controls: HAND ____ FOOT ____ NONE ____)
 Power Unit: EXTERNAL ____ INTERNAL ____
 IF External - Length on Cords (8' STD) _____

Options:

____ Handrails / Siderails
 ____ Special Color ____ List Color
 Other: _____

Application Information:

Duty Cycle (High cycle?): _____
 Number of shifts: _____
 Special Tempurature requirements: _____
 Side Loading: _____
 Special Loading and Unloading requirments: _____

Additional Notes:

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