

To:

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From:

Company: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Country/Zipcode: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Industry: \_\_\_\_\_

## Vacuum lifter

Enquiry No. (internal): \_\_\_\_\_

Please answer the following questions carefully so that we can select the optimal vacuum lifting system for you.

### 1. What loads need to be lifted?

Flat goods like discs/plates/sheets

Long goods like boards/blanks/beams

Pipes

Other: \_\_\_\_\_

Workpiece description: \_\_\_\_\_

### 2. What materials are involved?

Metal

Coated wood

Uncoated MDF/OSB/Particle board

Plastic

Uncoated solid wood

Glass

Other/Notes: \_\_\_\_\_  
\_\_\_\_\_

### 3. Dimensions of loads?

Minimum: Length \_\_\_\_\_ Width \_\_\_\_\_ Height (thickness) \_\_\_\_\_ mm

Maximum: Length \_\_\_\_\_ Width \_\_\_\_\_ Height (thickness) \_\_\_\_\_ mm

Comments: \_\_\_\_\_

### 4. What are the weights to be lifted?

Minimum weight: \_\_\_\_\_ kg

Maximum weight: \_\_\_\_\_ kg

## 5. Surface and material qualities (multiple responses possible)

- |   |                                 |                                      |
|---|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Rough  | <input type="checkbox"/> Smooth | <input type="checkbox"/> Uneven      |
| <input type="checkbox"/> Dry  | <input type="checkbox"/> Wet    | <input type="checkbox"/> Oily        |
| <input type="checkbox"/> Suction-tight                                  | <input type="checkbox"/> Porous | <input type="checkbox"/> Very porous |
| <input type="checkbox"/> High surface temperature: _____ °C ( _____ °F) |                                 |                                      |

Comments: \_\_\_\_\_

## 6. What height level needs to be overcome?

Height difference total: \_\_\_\_\_ mm

Lowest position from the ground: \_\_\_\_\_ mm    Highest position from the ground: \_\_\_\_\_ mm

## 7. Do you already have a suitable crane?

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Yes, with chain hoist | <input type="checkbox"/> Yes, without chain hoist | Maximum lifting force: _____ kg |
| <input type="checkbox"/> No                    |   |                                 |

Comments: \_\_\_\_\_

## 8. Are there any special conditions that need to be taken into account?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Dusty environment | <input type="checkbox"/> Corrosive ambient air | <input type="checkbox"/> Explosive environment (ATEX) |
|--|--|---|

## 9. Desired accessories

- |                                       |   |                                       |
|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Signal light | <input type="checkbox"/> Additional crossbars: _____ piece(s) |                                       |
| <input type="checkbox"/> Spiral cable | <input type="checkbox"/> Fitting for crane bulb               | <input type="checkbox"/> Parking feet |

## 10. Description of the application and special notes:

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