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## Manipulator and Special Lifting Application Data Sheet / Proposal Request

Please complete this form and FAX to 610-701-6354 or email to [info@palamaticusa.com](mailto:info@palamaticusa.com)

Prepared By:	City:
Name:	State & Zip Code:
Title:	Phone:
Company:	Fax:
Street Address:	E-mail:
P.O. Box:	URL:

Proposal To:	City:
Name:	State & Zip Code:
Title:	Phone:
Company:	Fax:
Street Address:	E-mail:
P.O. Box:	URL:

The proposal is required by (date): \_\_\_\_\_

The proposal needs to be:  preliminary for budgeting and conceptual purposes  
 firm for purchase

The project  has or  has not been funded. If funded, what is your budget:  
 \$ \_\_\_\_\_

Purchasing decision date: \_\_\_\_\_

Expected installation date: \_\_\_\_\_

Start-up date: \_\_\_\_\_

Who installs: \_\_\_\_\_

Special comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The job I need to do is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We presently do the job as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The items to be handled are called: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payload Description:

Maximum weight \_\_\_\_\_ lbs.      Minimum weight \_\_\_\_\_ lbs

Cylindrical

Rectangular

Outside Diameter: \_\_\_\_\_ min. \_\_\_\_\_ max. Length: \_\_\_\_\_ min. \_\_\_\_\_ max.

Inside Diameter: \_\_\_\_\_ min. \_\_\_\_\_ max. Width: \_\_\_\_\_ min. \_\_\_\_\_ max.

Length or thickness.: \_\_\_\_\_ min. \_\_\_\_\_ max. Height: \_\_\_\_\_ min. \_\_\_\_\_ max.

Number of different sizes: \_\_\_\_\_ (include size chart if multiple sizes will be handled)

One size is handled in a run and set-up is made for each part:       yes    no

Or, parts are handled randomly:       yes    no





If overhead suspended, supports are:  parallel or,  perpendicular  
Span or spacing between supports is: \_\_\_\_\_ inches  
The beam or bar joist flange width is: \_\_\_\_\_ inches  
The height of the bottom flange is: \_\_\_\_\_ inches above the floor.

If the support is a freestanding structure, the maximum acceptable width and length outside the columns is: \_\_\_\_\_ x \_\_\_\_\_ inches

Provide a sketch if the column line might interfere with equipment on the floor.

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Environmental Conditions:

Temperature: \_\_\_\_\_ F (normal) \_\_\_\_\_ F (max.) \_\_\_\_\_ F (min.)

The air in the work area is:  dusty  abrasive  explosive  
 corrosive  radioactive

If explosive, advise: Division \_\_\_\_\_ Class \_\_\_\_\_ Group \_\_\_\_\_

Is static bonding of the equipment required?:  yes  no

Comments on the special conditions and how to protect the equipment: \_\_\_\_\_

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Available plant services in the work area:

Preferred electrical service for this device is:  
\_\_\_\_\_ Volts \_\_\_\_\_ Phase \_\_\_\_\_ Hz@ \_\_\_\_\_ Amps.

Compressed air: \_\_\_\_\_ psi normal \_\_\_\_\_ psi max. \_\_\_\_\_ SCFM (min. psi is critical)

\_\_\_\_\_ vacuum \_\_\_\_\_ inches Hg@ \_\_\_\_\_ SCFM flow rate

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Special finish requirements:

Baked enamel finish  Epoxy paint  304 stainless  316 stainless

Is aluminum acceptable in the work area?  yes  no

This is a special environment:

Food processing     Clean room    Class \_\_\_\_\_

The work area is     wipe down     wash down

Advise detergents, solvents used in cleaning: \_\_\_\_\_

\_\_\_\_\_

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Other requirements or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following information is vital to our understanding of your requirements. Please supply it as completely as possible:

- parts drawings                       machine drawings                       fixture drawings
- layout & elev. drawings     time cycles                               samples of parts
- photos of area parts to be handed                       plant standards
- videotape of present handling operation and work area     other

Additional information, comments, sketches: \_\_\_\_\_

\_\_\_\_\_