Fixed Steel Gantry Crane Survey Sheet - FHS

Inquiry Date:_______ Due Date:_______
Contact:_________________________
Company:________________________
Phone:___________________________
Fax:_____________________________
E-mail:___________________________

Base Model (if known):_____________

Capacity:________________________
Beam Length:_____________________

Overall Height Clearance:________________________
Overall Work Envelope:________________________

___ Portable: Caster Type: __________ Standard _________ Other

___ Stationary: Floor Mount: _________

Loading Application: ___________________________
___________________________________________

Options:

___ Trolley: ___ Manual ___ Geared
___ Hoist: ___ Manual ___ Electric: (1Ø OR 3Ø)
___ Festoon Kit ___ V-Track (10' LG)
___ Power Traction Drive
___ Come-Along Kit

Additional Notes: ___________________________
___________________________________________

Quote options:

___ Exactly as specified
___ Cheapest / Closest to Vestil standard
___ Quickest to ship
Requested Delivery Date:_________

*All options may not be available on all models