**Radio Remote Control Application Data**

# Company Data

|  |  |
| --- | --- |
| Company: | Contact: |
| Phone: | Fax: |
| E-Mail: |  |
| Street Address: | City: |
| State/County: | Postal Code/Zip: |

# Crane Data

|  |  |  |
| --- | --- | --- |
| Plant Name: | Division: | |
| Street Address: | City: | |
| State/County: | Postal Code/Zip: | |
| Crane ID(s): | Type: | Capacity: |
| Building: | Bay: | Height: |
| Bridge Span: | Runway Length: | |

# Contact Information

|  |  |  |
| --- | --- | --- |
| **Purchasing** | Name: | Phone:  Email: |
| **Engineering** | Name: | Phone:  Email: |
| **Maintenance** | Name: | Phone:  Email: |
| **Other** | Name: | Phone:  Email: |

# Crane Control Data

|  |  |  |  |
| --- | --- | --- | --- |
| Magnetic: | Stepless: | VFD: | Any Drum? |
| Controls Make: | | | Control Voltage/Freq. Crane Power: V F |
| Manual/Magnetic Main Power Disconnect:  Yes  No | | | Voltage/Freq. Crane Power: V F  Control Voltage/Freq. Crane Power: V F |
| Existing Control: Cab  Pendant  Radio  Other: | | | |
| Manual Control to Remain: Yes  No | | | Bridge Brake: Hydraulic  Elect  Other |

# Radio Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| Manual/Radio Transfer Switch Required? Yes  No | | Isolation: Effective  or Total | |
| Licensing: License (FCC Part 90) | Non-Licensed (FCC Part 15) | |
| If Licensed, Desired Frequency Band: VHF 72 76 MHz  UHF 450 MHz  Other | | |
| License Comments: | | |
| Frequency Required: | | |
| Channel Requirements/Conflicts: | | |

# 

# Operating Environment

Describe the operating environment of the radio (outdoors/indoors, temperature range of floor/crane, corrosive, etc.)

# Control Functions

|  |  |  |  |
| --- | --- | --- | --- |
| **Motions**  **(Bridge/Long Travel) (Trolley/Cross Travel) (Hoist)** | **kW/FLA/HP** | **Max IP**  **Contactors** | **Travel/Hoist Speed Steps or Ref. Voltage (Stepless)** |
| 1. Bridge/Long Travel |  |  |  |
| 2. Trolley/Cross Travel |  |  |  |
| 3. Hoist |  |  |  |
| 4. AUX Hoist |  |  |  |
| 5. |  |  |  |
| Other: |  |  |  |

# Radio Controlled Auxiliary Functions

|  |  |
| --- | --- |
| Warning Horn/Bell/Siren/Klaxon | Crane Lights On/Off Latching |
| Magnet On/Off with Latch | Magnet Lift/Drop with Latch |
| Describe other required functions (Rotate, Grab, Lift Bypass, Special Functions etc.) | |

# Other

|  |
| --- |
| Does the existing crane have an anti-collision system? Yes  No |
| Are you interested in installing an anti-collision system? Yes  No |
| Will plant personnel install the system? Yes  No |
| Can you provide control and power circuit drawings? Yes  No |

# Special Requirements

Please list any special conditions of installation or system below or on a separate sheet.

**Action Required**

I would like a representative to contact me.

I would like a quotation and system description.

I would like a firm quotation and system description.

**Signature/Date**