

Radio Application Questionnaire



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: <input type="checkbox"/>	Stepless: <input type="checkbox"/>	VFD: <input type="checkbox"/>	Any Drum?
Controls Make:		Control Voltage/Freq. Crane Power: V ___ F ___	
Manual/Magnetic Main Power Disconnect: Yes <input type="checkbox"/> No <input type="checkbox"/>		Voltage/Freq. Crane Power: V ___ F ___ Control Voltage/Freq. Crane Power: V ___ F ___	
Existing Control: Cab <input type="checkbox"/> Pendant <input type="checkbox"/> Radio <input type="checkbox"/> Other: _____			
Manual Control to Remain: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bridge Brake: Hydraulic <input type="checkbox"/> Elect <input type="checkbox"/> Other _____	

Radio Requirements

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



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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 <input type="checkbox"/> No <input type="checkbox"/>
Are you interested in installing an anti-collision system? Yes <input type="checkbox"/> No <input type="checkbox"/>
Will plant personnel install the system? Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you provide control and power circuit drawings? Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Requirements

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

Action Required

<input type="checkbox"/> I would like a representative to contact me. <input type="checkbox"/> I would like a quotation and system description. <input type="checkbox"/> I would like a firm quotation and system description.
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Signature/Date _____

