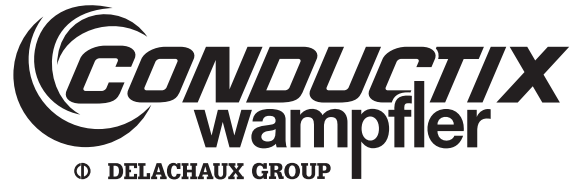


Questionnaire | Specification Data

Equipment Carrier | Tool Transporter



Equipment Carrier

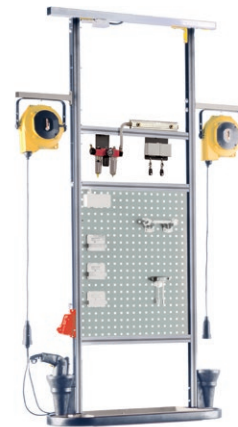
- Number of equipment carriers _____ pcs.
- Type of tools [air, electricity, weights, etc.] _____
- Load capacity of equipment carrier _____ [kg]
- Type of track rail _____
- Specification of compressed air per carrier
Pressure _____ [bar] Consumption _____ [l/min]
- Specification of electrical energy per carrier
Voltage _____ [V] Current _____ [A]



[Example of equipment carrier]

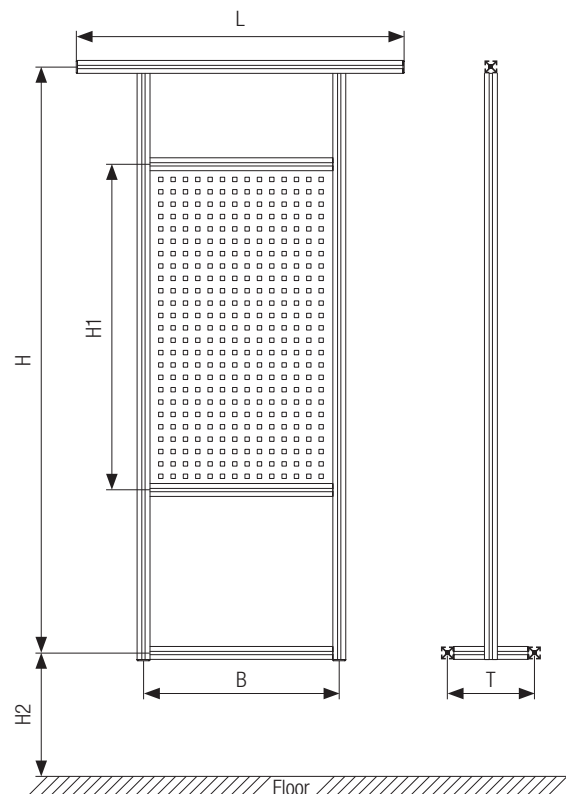
Tool Transporter

- Number of tool transporters _____ pcs.
- Type of tools [air, electricity, weights etc.] _____
- Load capacity [exclusive own weight] _____ [kg]
- Type of track rail _____
- Specification of compressed air per transporter
Pressure _____ [bar] Consumption _____ [l/min]
- Specification of electrical energy per transporter
Voltage _____ [V] Current _____ [A]
- Other requirements

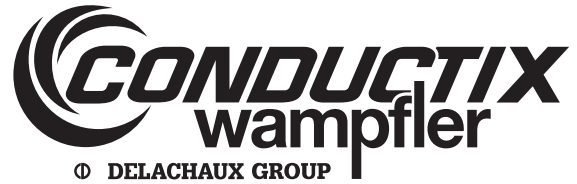


[Example of tool transporter]

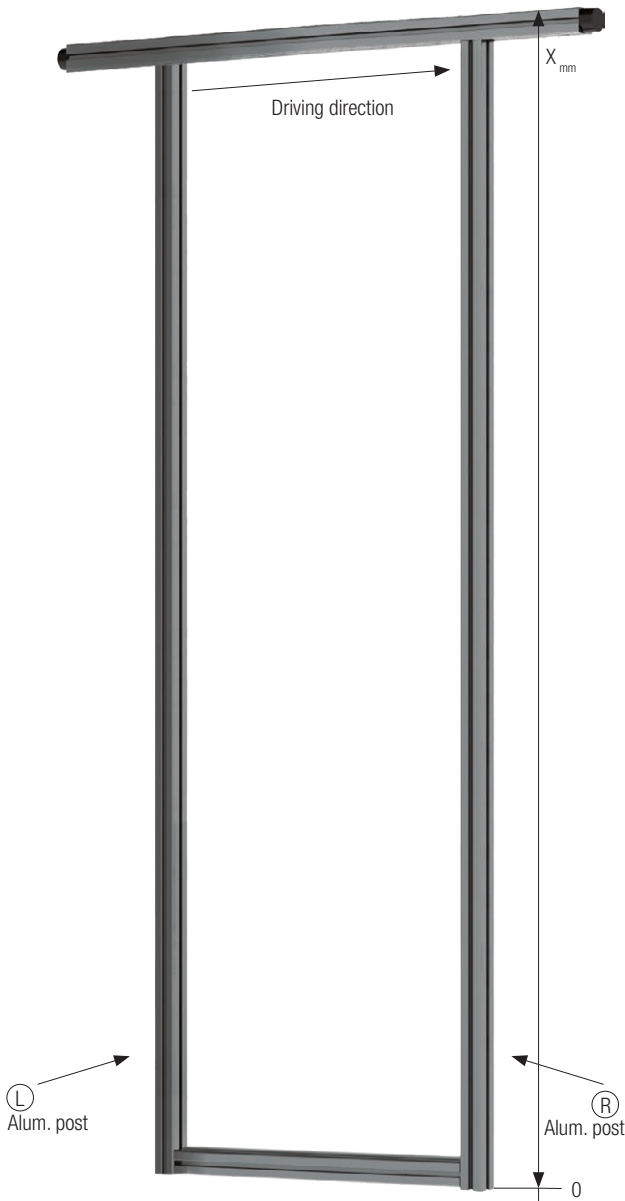
- Dimensions of aluminum base frame
B [mm]: Min. 500 mm; Max. 1000 mm; Increments 100 mm
 500 600 ____00 1000
L [mm]
B + 400
H [mm]: Min. 1000 mm; Max. 6000 mm; Increments 100 mm
 1000 1100 ____00 6000
H2 [mm]
Min. _____ Max. _____
- Perforated metal plate yes no
H1 [mm]: Min. 300 mm; Max. 1500 mm; Increments 100 mm
 300 ____00 1500
- Horizontal tray yes no
T [mm] 280 400
- Inclined tray yes no
T [mm] 280 400
Degree of inclination _____ [°]



Questionnaire | Specification Data
Equipment Carrier | Tool Transporter



Please sketch in the required attachment parts, as well as its desired position and quantity



	Attachment parts for the tool transporter	Qty.	Fixing at alum. post Ⓛ/Ⓜ	Pos. equipm. X _{mm}
1	Perforated metal plate			
2	Horizontal tray			
3	Inclined tray			
4	Crossbar			
5	Control unit* Dimension / Weight:			
6	Screen* Dimension / Weight:			
7	Holster			
8	Grip	2	Ⓛ+Ⓜ	400
9	Discharge boxes Dimension:			
10	Tool holder Dimension / Type:			
11	Compr. air connection Type:	1		600
12	Socket [230 V / 400 V] Type:			
13	Maintenance Unit Type:			
14	Hose / Cable Reel Type:			
15	Retractor / Balancer Type:			

* not included in scope of delivery

Customer Data

Company: _____ Customer-No.: _____
 FAO: _____
 Address: _____

 Phone: _____ Fax: _____
 E-Mail: _____