

LIFTING BEAMS

Custom Application Form



For pricing information: Fax completed form & contact info to 717-665-2861 or email Customer Service at customerservice@harringtonhoists.com

LOAD INFORMATION:

Describe the material you are planning to lift: _____

Lifting Beam Stand Required: Yes No

Total Number of Lifting Points: _____ Spacing Between Points _____

Is The CG (center of gravity) Of The Load Between Outer Lifting Points:
 Yes No If No, Describe CG Location _____

Type Of Rigging Used To Attach To Load: Swivel Hooks _____ Shackles _____
Slings (specific type) _____ Other (specific type) _____

Load Dimensions:

	Min (in)	Max (in)
Height	_____	_____
Width	_____	_____
Length	_____	_____
Weight	_____	_____

CRANE SPECIFICATIONS:

Crane Configuration: Single Double

Distance Between Top Of The Load To The Crane Hook High Position(s): _____

Capacity Of The Crane(s): _____ Distance Between Cranes (if applicable): _____

Required Duty Cycle Of The Lifting Beam: Lifts Per Hour _____ Lifts Per Day _____

Crane Classification(s): A B C D E F

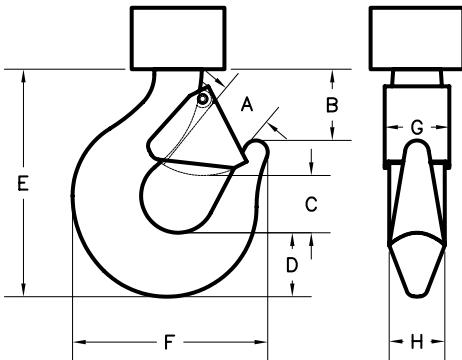
DUAL CRANE ROTATING BEAM APPLICATION:

Operation: Manual Motorized: AC DC Voltage _____ Phase _____ Cycle _____

Controls Required: Yes No If Yes: Specify Type _____ Furnish Loose Mounted On Lifter

CRANE HOOK SPECIFICATIONS (Inches) :

A:___ B:___ C:___ D:___ E:___ F:___ G:___ H:___



Please provide pertinent application information not supplied above (extreme product or operating temperature, extreme environmental conditions such as temperature or moisture, space or headroom restrictions, additional specifications):
