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TECHNICAL SPECIFICATIONS WORKSHEET

LIFT TABLES & LOADING DOCKS

Identification

Company name : _____
 Address : _____
 Town/City : _____
 Province : _____
 Postal Code : _____
 Phone : _____
 Fax : _____
 Contact Person : _____
 Contact Person's Email : _____
 Project Name : _____

Lift Table or Loading Dock Specifications

Dimensions : _____
 Capacity : _____
 Travel : _____
 Smooth or Non-Skid Surface : _____
 Weight Distribution (centered or off-center) : _____
 Speed Requirement (up & down) : _____
 Number of Units : _____

Power

Motor Voltage : _____
 Number of Phases : _____
 HZ : _____
 Pedal Activated or Push-Button : _____

Applications

Applicable standards: _____
 Load Dimensions : _____
 Briefly describe materials handling requirements and work sequences : _____

Number of Cycles per Hour _____ , per Day _____ and Number of Work Shifts _____.
 Indoor or Outdoor Use : _____
 With or Without Pit : _____
 Do you require NDE testing? No Yes
 What type of NDE? _____
 On what components? _____

Most Requested Options

- Peripheral Toe-Guards : No Yes
- Bellow Safety Skirting : No Yes
- Guard Rails : No Yes
- Push-Button Emergency Stop : No Yes
- Safety Valve (cylinder) : No Yes

Number : _____

Other Options

- Stop Travel Limit Switch (upper position) : No Yes
- Stop Travel Limit Switch (lower position) : No Yes
- Wheels or semi-portable :
 sous la table pour déplacement : No Yes
- Tilting Top : No Yes
- Rotating Top : No Yes
- Access Lip with Handling Chains : No Yes
- Hydraulic Oil for External Usage : No Yes

Degrees : _____

Dimensions : _____

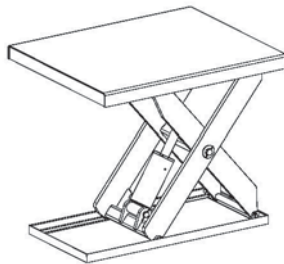
Temp : _____

Reference Drawings

Check what is applicable :

EXAMPLE :

EQUALLY DISTRIBUTED
LOAD (PALLET)



EXAMPLE :

CONCENTRATED LOAD
(AT SPECIFIC LOCATION)

