

By **DIVERSIFIED**

Texas License No: F-9655

When completed please email to: [tedp@diversifiedproduct.com](mailto:tedp@diversifiedproduct.com)  
or [rwilliams@diversifiedproduct.com](mailto:rwilliams@diversifiedproduct.com)

If you have questions please call: 815-341-1172 or 254-757-1177

**Material Handling Application Data Sheet**

Company name: \_\_\_\_\_

Your name: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Other Info you would like us to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. What are you moving? \_\_\_\_\_

2. How many in total? \_\_\_\_\_

3. What is the maximum weight to be moved at one time? \_\_\_\_\_

4. Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_

5. Dimensions of object

a. Width \_\_\_\_\_

b. Length \_\_\_\_\_

c. Height \_\_\_\_\_

6. Is this a pushing or pulling application? \_\_\_\_\_

7. For wheeled handlers

a. Powered wheels \_\_\_\_\_ Towed \_\_\_\_\_ Manual \_\_\_\_\_

b. Are there any turns to be made? \_\_\_\_\_

c. Will handler roll on floor? \_\_\_\_\_ rails? \_\_\_\_\_

d. What is the floor surface? (concrete, asphalt, wet or dry, grit, painted/epoxy)

\_\_\_\_\_

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- e. What is the longest distance to move? \_\_\_\_\_
  - f. Is the floor level? \_\_\_\_\_
  - g. Are there holes, drains, rails, etc. to drive over? \_\_\_\_\_
  - h. Minimum ground clearance \_\_\_\_\_
  - i. Do wheels need to be non-marring? \_\_\_\_\_ Non-marking? \_\_\_\_\_
  - j. List preferred wheel/caster style, if any \_\_\_\_\_
  - k. List preferred wheel/caster size, if any \_\_\_\_\_
  - l. For towed or manual carts
    - i. Fixed \_\_\_\_\_ swivel \_\_\_\_\_
    - ii. Brakes \_\_\_\_\_
    - iii. Swivel locks \_\_\_\_\_
8. For hanging handlers
- a. Crane capacity \_\_\_\_\_
  - b. Max hook height \_\_\_\_\_
  - c. Hook section
    - i. Height \_\_\_\_\_
    - ii. Thickness \_\_\_\_\_
9. How often is the item moved per shift? \_\_\_\_\_
10. Number of shifts per day \_\_\_\_\_
11. Preferred actuator type
- a. Hydraulic \_\_\_\_\_
  - b. Electric \_\_\_\_\_
  - c. Pneumatic \_\_\_\_\_
12. Preferred power source
- a. Battery \_\_\_\_\_ Voltage \_\_\_\_\_
  - b. A/C \_\_\_\_\_ Voltage \_\_\_\_\_
  - c. Pneumatic \_\_\_\_\_ Available pressure \_\_\_\_\_ Available Air Flow \_\_\_\_\_ cfm

Note: Depending on size and length of air lines, available air flow at work station may be significantly less than the rating of the compressor.

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13. Controls

- a. Radio \_\_\_\_\_ Corded \_\_\_\_\_ Fixed on device \_\_\_\_\_
- b. Back up controls \_\_\_\_\_
  - i. Fixed on device \_\_\_\_\_
  - ii. Corded \_\_\_\_\_ with quick-connector \_\_\_\_\_
- c. Manual overrides at hydraulic pump, if applicable \_\_\_\_\_

14. How are you currently moving the item? \_\_\_\_\_

15. Is the need to increase productivity or is it safety related? \_\_\_\_\_

16. If safety related, what is the issue?

\_\_\_\_\_  
\_\_\_\_\_

17. Are you willing to modify the item for ease of attaching? \_\_\_\_\_

18. Applicable industry standards:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Required delivery date: \_\_\_\_\_

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