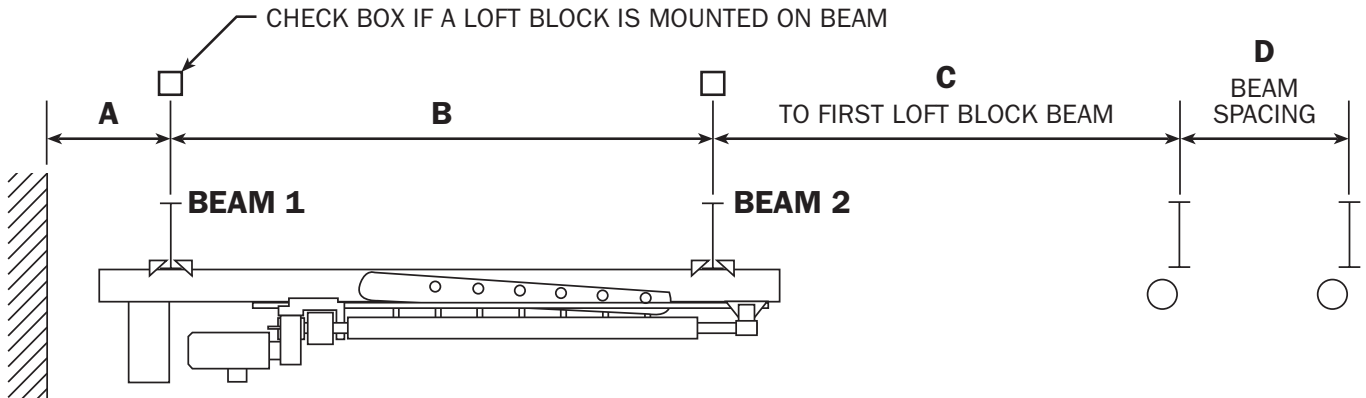


Field Check Information Horizontal Mounting Worksheet

Fax completed information to Dealer Project Manager at 315-451-1766



Number of Lift Lines _____

Batten Travel _____

A _____

B _____ (4'0" Min, 12'0" Max)

C _____

D _____

PowerLift Beam 1	PowerLift Beam 2	Loft Block Beam
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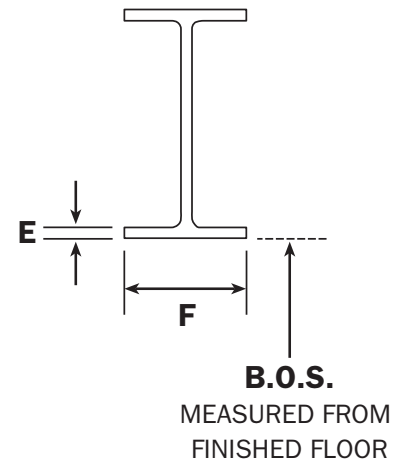
E _____	_____	_____
---------	-------	-------

F _____	_____	_____
---------	-------	-------

B.O.S. _____

Voltage _____ VAC, 3 ϕ , 60 Hz

Beam Dimensions



Job Name: _____

Date Verified: _____ By: _____

Special Conditions: _____

Shipping Preference: (Circle one) # per pallet: 1 2 3
per crate: 1 2

Each unit weighs approximately 800 lbs.

Field Check Information Vertical Mounting Worksheet

Fax completed information to Dealer Project Manager at 315-451-1766

Number of Lift Lines _____

Batten Travel _____

A _____ (4'0" Min, 12'0" Max)

B _____

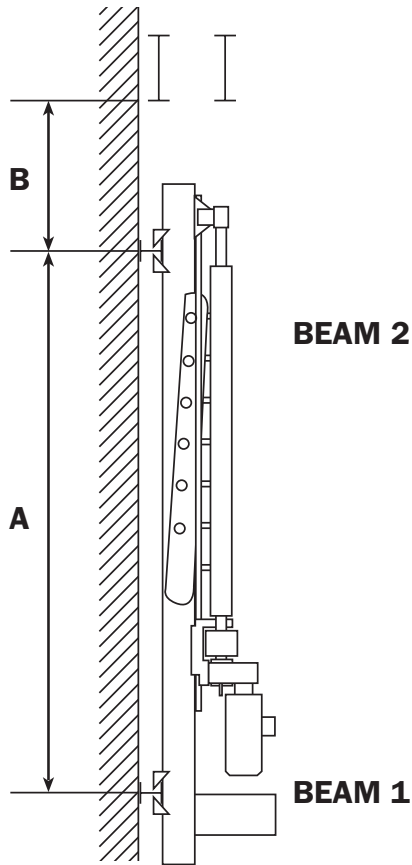
PowerLift **PowerLift**
Beam 1 **Beam 2**

C _____

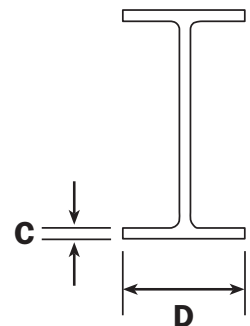
D _____

Voltage _____ VAC, 3 ϕ , 60 Hz

Fill out Counterweight Field
Check for head and loft
block beam information.



Beam Dimensions



Job Name: _____

Date Verified: _____ By: _____

Special Conditions: _____

Shipping Preference: (Circle one) # per pallet: 1 2 3
per crate: 1 2

Each unit weighs approximately 800 lbs.