



Hoist Repair Evaluation Form

Name: _____

Company: _____

Phone: _____

Address: _____

E-mail: _____

City, State, Zip: _____

GENERAL

Model: _____

Serial #: _____

Capacity: _____

Suspension (Select One):

- Rigid Top hook Swivel Top Hook Lug mount
- Push trolley Hand-gearred trolley Motorized trolley

Voltage (Select One):

- 460-3-60Hz 230-3-60Hz 208-3-60Hz
- 575-3-60Hz 115-1-60Hz 230-1-60Hz Other: _____

HOIST AND TROLLEY

Hoist speed: _____

Trolley speed (if Motorized): _____

Hoist control (Select One):

Trolley speed control (If Motorized, Select One):

- Single Two-speed Variable
- Single Two-speed Variable

ENVIRONMENT AND DUTY CYCLE

Location of use: Indoor Outdoor Outdoor under roof

Hoist duty cycle (ASME): H3 H4

Special Application Requirements (i.e. food service, explosion proof, windmill):

Description of problem and Comments:

Please submit this form by email or fax:

E-mail: info@kistlerequipment.com

Fax: 402-896-9474