Syncrhonous Lifting System Confirmation

No.____

Information: Project manager:

To:		Project Date:		
CC:		Distributor/ OEM:		
Sender:		Tel No.:		

Ender User Name:		Address:		
Budget/Set:		Quantity/Year:		
Application:		☐Bridge ☐Shipyard ☐Steelworks ☐Power Plant ☐Mining ☐Nuclear ☐Other_____

Project Description（Including Customer,Buyer,Project and so on）：

Synchronous Lifting System Requirement：

Heavy Equipment Name：		Equipment Size (m)：		
Equipment Value (USD):		Equipment Shape：		
Equipment Weight（T）：		Synchronous translation：		☐Yes ☐No

Control Type：		☐Lift ☐Lift/Retract	Lifting Accurancy(mm)：	
Control Method：		☐PLC ☐Solenoid Valve ☐Manual Valve	Synchronous Control ：	☐Automatic ☐Manually
Working Pressure：		☐700bar ☐Other___	Lifting Points :	
Max.Lifting Stroke(mm)			Synchronous Lifting (times)	
Lifting Stroke/Time(mm)				
Synchronous Lifting Cylinder (Set)：			Cylinder Capacity：	
Hydraulic Cylinder Stroke (mm)			Hydraulic Cylinder Type：	

Synchronous Lifting Speed (mm/Min)		Synchronous Lifting Time (h)：	

Appliction or Other Special Requirement （Structure Drawing or Pictures）：

** Yellow background of table options must be filled or must understand clearly, and inform project design staff