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Fax: +49(0)39222/9504-27

Company: _____ Place: _____
Name: _____ Phone: _____
Address: _____ Fax: _____

Wall-mounted Slewing Cranes

Data of the Wall-mounted Slewing Crane:

Type A Type B Type C

1. Radius: _____ mm	4. Free Headroom: _____ mm
2. Lifting Capacity: _____ kg	5. Lower Edge of Jib: _____ mm
3. Highest Hook Position: _____ mm	

Requested Fixing:

at Steel Support _____
 at Reinforced Concrete Support _____
 at Reinforced Concrete Wall _____

Slewing:

Trolley Movement:

Manual Electrical Manual Electrical

Remarks:
