



LIFTING ERGONOMICS TO NEW HEIGHTS
Premium Lift Systems

Commercial/Industrial Specification Request

Company: _____
Contact: _____
E-mail: _____
Phone: _____
Fax: _____

Date: _____
Req'd Delivery: _____
Bayne Contact: _____
End User: _____
Application: _____

Cart/Container Information

Cart Type: _____
Cart Manufacturer: _____
Model Number: _____
Weight Capacity: _____
Overall Dimensions: _____
Fork Pockets: **Yes** _____ **No** _____
Casters: **Yes** _____ **No** _____
Lid(s): **Yes** _____ **No** _____
Other (specify): _____

Material Being Dumped

Type: _____
Max. Weight: _____
Other (specify): _____

Layout Information (see page 2)

Dump Over Height (Ref. A): _____
Carry Over Dist. (Ref. B): _____
Overhead Height (Ref. C): _____
Rear Clearance (Ref. D): _____
Pad Dimensions (L x W): _____
Attach Photos if Available: _____
Other (specify): _____

Power Unit Information

Voltage Required: _____
Cycles Per Hour: _____
UL Approval: **Yes** _____ **No** _____
Pendant Control: **Yes** _____ **No** _____

Optional Equipment (req'd by customer)

Feed Chute: **Yes** _____ **No** _____
Mobile Frame: **Yes** _____ **No** _____
Machine Mounts: **Yes** _____ **No** _____
Other (specify): _____

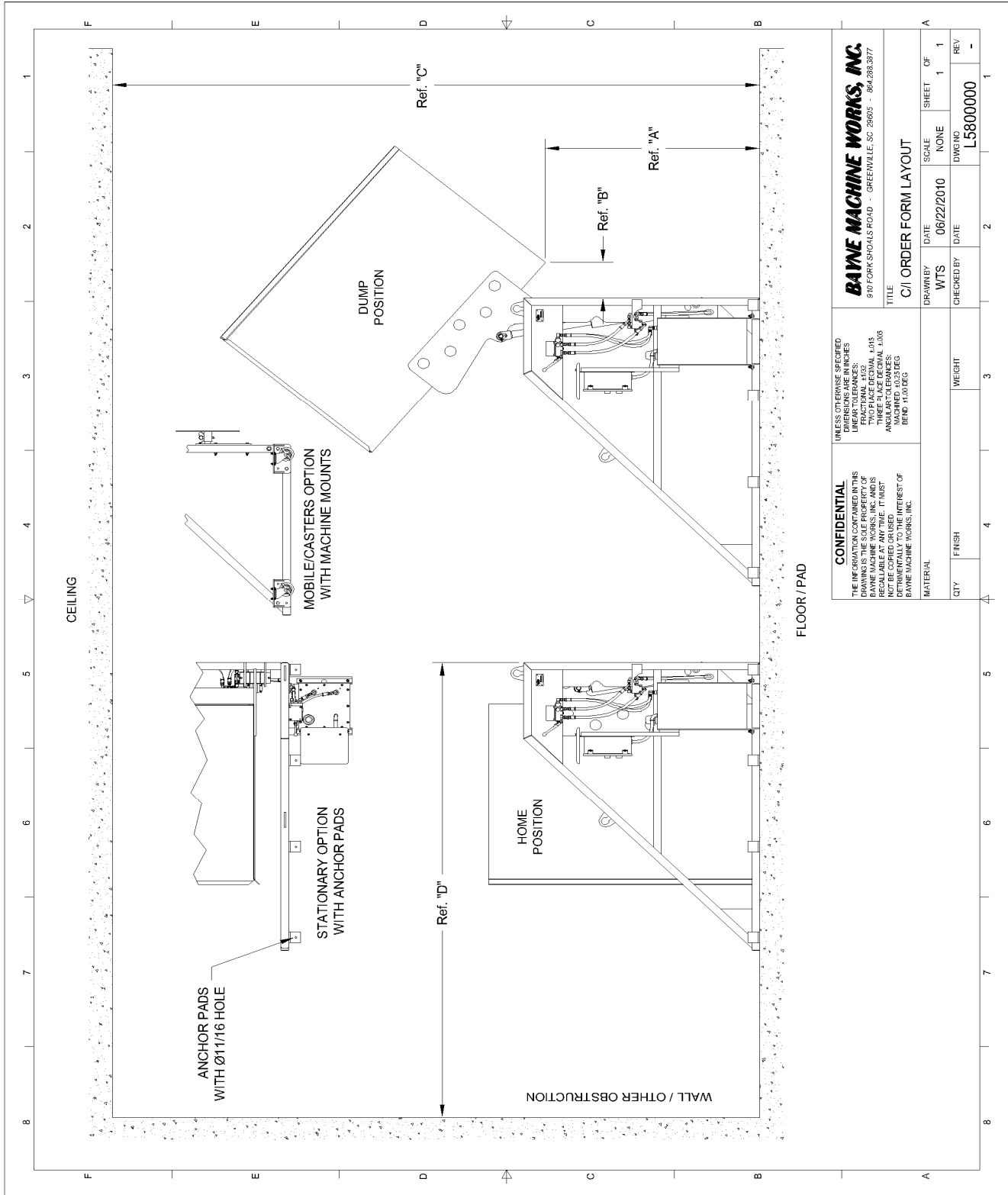
Additional Comments:



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CONFIDENTIAL		UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES LINEAR TOLERANCES: FRACTIONS: ±0.005 TWO PLACE DECIMAL: ±0.01 THREE PLACE DECIMAL: ±0.005 ANGLES: ±0.1 DEG BENDS: ±1.00 DEG	
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C/I ORDER FORM LAYOUT			
MATERIAL	DATE	SCALE	SHEET OF
	WTS 06/22/2010	NONE	1 1
QTY	CHECKED BY	DATE	REV
			L5800000
FINISH	WEIGHT		

910 Fork Shoals Road, Greenville, SC 29605

Phone: 800.535.2671 Fax: 864.458.7519

Website: www.baynethinline.com

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