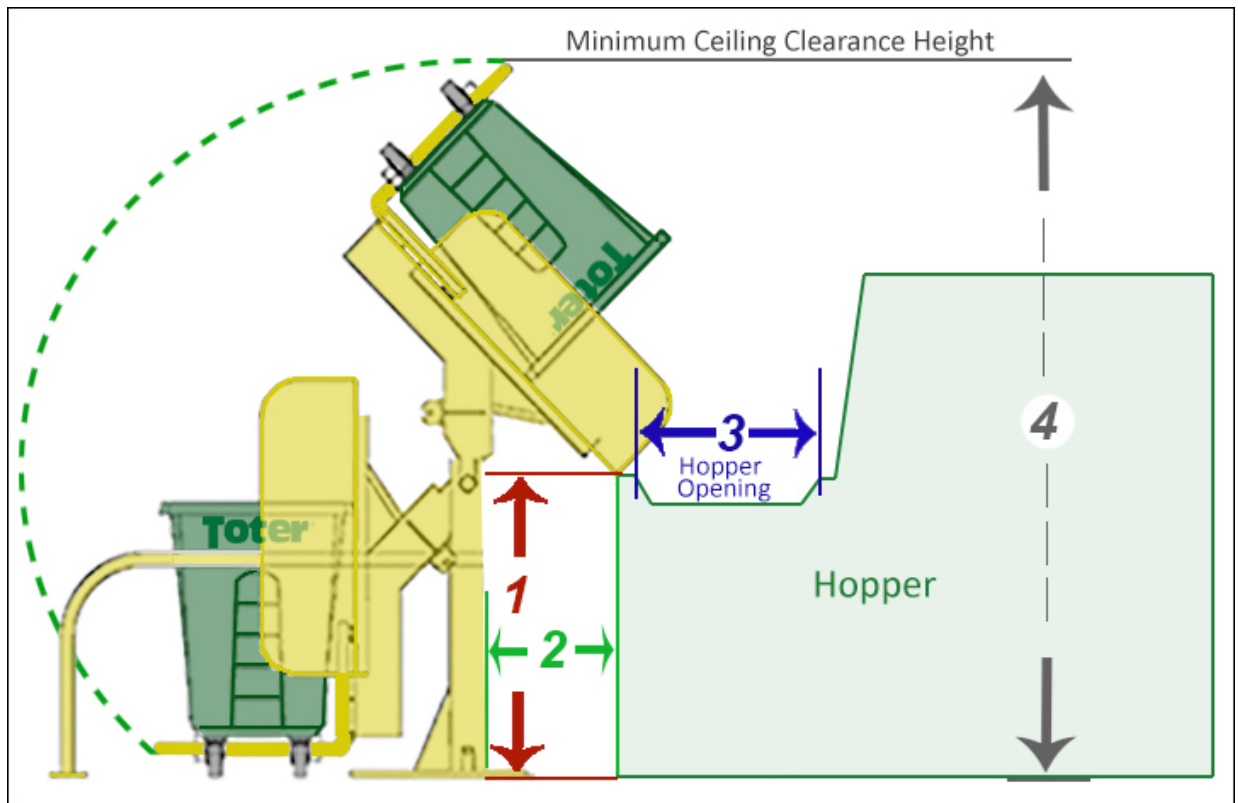


## Lifter Specification Checklist

<b>Customer:</b> _____	<b>Date:</b> _____
<b>Location:</b> _____	<b>PO#:</b> _____
<p>The information requested below is used to issue an accurate final quote and to build the lifter correctly for your needs. Please carefully measure all dimensions in <i>inches</i>. Once all questions are answered, please sign the last sheet and <b><i>include your email</i></b>. If unsure about a question, leave blank and our engineering department will contact you if needed. Please attach notes, pictures or drawings as necessary.</p>	

## L I F T E R   S E L E C T I O N   C H E C K L I S T



**These are the primary measurements used in every situation.** Accurate measurements will ensure that when the unit is installed, there are no conflicts and that the lifter performs as intended.

1. **DUMP HEIGHT:** Distance from mounting surface to rim of hopper \_\_\_\_\_"
2. **THRESHOLD:** Distance from mounting location where lifter will be to lip of hopper opening \_\_\_\_\_"
3. **HOPPER OPENING:** Dimension (L x W) of the opening you are dumping into \_\_\_\_\_" x \_\_\_\_\_"
4. **CEILING HEIGHT:** Distance from mounting surface to lowest hanging portion of the ceiling: \_\_\_\_\_"

**NOTE:** *Customer signoff is required* on the last sheet by the responsible party - usually the buyer - before Appalachian Machine will begin building the lifter.

<b>Customer:</b> _____	<b>Date:</b> _____
<b>Location:</b> _____	<b>PO#:</b> _____

**RECEPTACLE MANUFACTURER:** \_\_\_\_\_ **Model #:** \_\_\_\_\_

**A LIFTER TYPE REQUESTED (*circle one*): Mobile *OR* Stationary**  
*If not sure, Lifter Type will be determined by answers to B, C & D below.*

<input type="checkbox"/>	Stand Mounted (32 / 96 gallon)	<input type="checkbox"/>	Stand Mounted or Slide Rail
<input type="checkbox"/>	Vertical Lift (32 / 96 gallon)	<input type="checkbox"/>	Swing-Away Dock Level
<input type="checkbox"/>	Mobile   Mobile - towable	<input type="checkbox"/>	Twin Post High-lift
<input type="checkbox"/>	Universal (Fork / Pan / Box Dumper)	<input type="checkbox"/>	Auto-Tilt

**B CHOOSE RECEPTACLE TYPE and LOCATION (*choose 1, 2 or 3*):**

**1 - Dock Level Hopper – *you are dumping downward from above the container***  
 a. Distance from edge of dock to hopper: \_\_\_\_\_"  
 b. Height of curb: \_\_\_\_\_" (some docks have a curb to stop you from rolling over edge)

**Lifter Choices for Deck Level Hopper (*circle one*):**  
 Stand Mounted | Mobile | Universal | Auto-Tilt | Swing-Away

**2 - Ground Level Hopper or Conveyor – *you are dumping upward, over and into the container***  
 a. Height from ground to top of hopper or conveyor: \_\_\_\_\_"  
 b. Width of conveyor if a conveyor is used: \_\_\_\_\_"

**Lifter Choices for Ground Level Hopper or Conveyor (*circle one*):**  
 Stand Mounted | Mobile | Universal | Twin Post High-Lift | Vertical Lift

**3 - Ground Level Dumping into or Through Window – *the hopper and lifter are separated by wall***  
 a. Window dimensions: \_\_\_\_\_" Width x Height  
 b. Height of window bottom ledge: \_\_\_\_\_"  
 c. Depth or thickness of wall at window: \_\_\_\_\_"

**Lifter Choices Ground Level Dumping into or Through Window (*circle one*):**  
 Stand Mounted | Mobile  
*Other units may be used if window is wide enough or special chutes are required. Please email for assistance.*

**C CONTAINERS (container sizes to be dumped with lifter – check boxes as applicable):**  
**The chart below refers to Toter Brand carts. All others please include, Manufacturer, Model Number, and size if available. Are the carts ANSI Standard?**

<input type="checkbox"/>	32/35 Gallon	<input type="checkbox"/>	60/64 Gallon	<input type="checkbox"/>	90/96 Gallon
<input type="checkbox"/>	16 Bushel	<input type="checkbox"/>	20 Bushel	<input type="checkbox"/>	1 Yard Mobile
<input type="checkbox"/>	½ Yard Tilt	<input type="checkbox"/>	2 Yard Mobile	<input type="checkbox"/>	2 Yard Commercial Container
<input type="checkbox"/>	¾ Yard Tilt	<input type="checkbox"/>	1 Yard Tilt	<input type="checkbox"/>	1 1/2 Yard Tilt
<input type="checkbox"/>	Round Container " L x W x H	<input type="checkbox"/>	Gaylord Box " L x W x H	<input type="checkbox"/>	Other brand of cans " L x W x H
<input type="checkbox"/>	Other – please explain:				

#### D LOAD REQUIREMENTS:

Maximum weight of materials to be dumped with lifter: **LBS.**

#### E HYDRAULIC POWER (circle one):

Does lifter need power unit? Yes | No

**WE WILL NOT BE RESPONSIBLE FOR WIRING REQUIREMENT OR SECURING APPROVAL TO TAP INTO THE COMPACTOR'S HYDRAULICS.**

#### F WHICH SIDE OF LIFTER DO OPERATOR CONTROLS NEED TO BE LOCATED?

**Operator is facing lifter opening, controls must be on... (check appropriate box):**

<input type="checkbox"/>	Left	<input type="checkbox"/>	Right	<input type="checkbox"/>	R
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#### G CONTROL TYPE PREFERRED (check appropriate box):

**Note: all Mobile units come with Push Button**

<input type="checkbox"/>	Hydraulic Lever	<input type="checkbox"/>	Push Button – special order/ 3 PH Power Only	<input type="checkbox"/>	Palm Controller – special order
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#### H POWER UNITS ELECTRICAL REQUIREMENTS (check appropriate box): **Client's power source**

<input type="checkbox"/>	115 Volt Single Phase	<input type="checkbox"/>	230 Volt Three Phase	<input type="checkbox"/>	12 Volt ( <b>mobile units</b> )
<input type="checkbox"/>	208 Volt Single Phase	<input type="checkbox"/>	208 Volt Three Phase		
<input type="checkbox"/>	220 Volt Single Phase	<input type="checkbox"/>	460 Volt Three Phase		

#### I MOTOR STARTERS:

All units are supplied with NEMA 4 Electrical, watertight enclosures.

Please specify if any other special requirements are needed:

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#### J HYDRAULIC REQUIREMENTS (hydraulic oil type):

<input type="checkbox"/>	Standard	<input type="checkbox"/>	USDA Approved	<input type="checkbox"/>	Other
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#### K PHYSICAL INSTALLATIONS OF LIFTER (type of surface lifter will be mounted on):

<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Steel	<input type="checkbox"/>	Other
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**L    USAGE SPECIFICATION (how containers and lifters will be used):**

<input type="checkbox"/>	Waste	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Food Processing
<input type="checkbox"/>	Recycling	<input type="checkbox"/>	Material Handling		

**M    Requested Delivery Date:** \_\_\_\_\_ *Average lead time is 6-8 weeks from ROI.*

Customer: _____	Date: _____
Location: _____	PO#: _____
Email: _____	Phone: (    ) _____

\_\_\_\_\_  
*Signature (required)*