


Rail Clamp

Questionnaire

Person in Charge:		End-User/Location:		
Tel:		Equipment / Crane type:	Speed (m/sec)	
E-mail:		Date:		

* RRBS <u>Retractable</u> Rail Clamp releases and retracts from the rail head-no mechanical guiding means at rail level <input type="checkbox"/>				
* RBS <u>Guided</u> Rail Clamp rides on the rail and is guided by hardened guide means with floating mechanism <input type="checkbox"/>				
Required Holding Capacity for complete application (kN)		Main Voltage:		480V <input type="checkbox"/> 230V <input type="checkbox"/> Specify: _____
* Required Holding Capacity per Rail Clamp (kN)		50Hz <input type="checkbox"/>	60Hz <input type="checkbox"/>	400V <input type="checkbox"/> Other <input type="checkbox"/> _____
* Number of Rail Clamps (each)		Control Voltage:		230V <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____
* How will Rail Clamp be mounted	SF-Side Flange mount <input type="checkbox"/>	TF-Top Flange mount <input type="checkbox"/>	50Hz <input type="checkbox"/> 60Hz <input type="checkbox"/> 24V <input type="checkbox"/>	Other <input type="checkbox"/> _____
* Req'd Coeff. of Friction	Standard 0.5 <input type="checkbox"/>	Special 0.25 <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Rail in a Channel <input type="checkbox"/> Straight Rail <input type="checkbox"/>
				Rail above ground <input type="checkbox"/> Curved Rail <input type="checkbox"/>
* Location of Power Unit		Internal <input type="checkbox"/>	External <input type="checkbox"/>	* Rail Channel/Curved Rail Information (please give a sketch with dimensions)
Environment:	Inland <input type="checkbox"/>	Seaside <input type="checkbox"/>	Humid <input type="checkbox"/>	
Dusty <input type="checkbox"/>	Aggressive <input type="checkbox"/>	Other: _____		
Ambient Temp. -20° / 40°C <input type="checkbox"/>		Other: _____		
Paint System:	Standard 5 Years Warranty <input type="checkbox"/>	Other: _____		Existing Crane Rail Profile:
				* As new <input type="checkbox"/>
				* Mushroomed <input type="checkbox"/>
Final Paint Color:	Pure Orange (RAL #2004) <input type="checkbox"/>	Other: _____		* Worn <input type="checkbox"/>
				1 - Splice bars <input type="checkbox"/>
Special Requirements	Please specify:			2 - Angle bars <input type="checkbox"/>
				3 - Joint bars <input type="checkbox"/>
* Exposed rail head height (mm) _____				
NOTES:				

* Fields required for a budgetary quotation

Due to continuous development and improvement, all dimensions and characteristics are subject to change without notice.

	22/02/21 Q10167-01-C
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