



Date: \_\_\_\_\_

By: \_\_\_\_\_

**INQUIRY FORM FOR TOP-RUNNING CRANES**

Company Name (required): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Contact name: (required) \_\_\_\_\_ E-mail: (required) \_\_\_\_\_

Phone No: (required) \_\_\_\_\_ Fax No: \_\_\_\_\_

Proposal:  Formal  Budget Requested quote due date: \_\_\_\_\_

Description of Crane Service: \_\_\_\_\_

Duty Cycle: Load Cycles/hour \_\_\_\_\_ Hours/day \_\_\_\_\_ Days/week \_\_\_\_\_ Week/year \_\_\_\_\_

Duty Cycle Requirements: Type of material to be handled: \_\_\_\_\_

Amount of material to be handled per cycle: \_\_\_\_\_

Amount of material to be handled per hour: \_\_\_\_\_

Maximum density of material: \_\_\_\_\_ (lbs per cubic foot)

Maximum travel distances for hoist motion: \_\_\_\_\_

Maximum travel distances for trolley motion: \_\_\_\_\_

Maximum travel distances for bridge motion: \_\_\_\_\_

CMAA Classification: (choose one)  A  B  C  D  E  F  Other: \_\_\_\_\_

Environment:  Indoor  Outdoor  Outdoor Protected

Outdoor Protected with all four sides down the runway rail:  Yes  No

Other Protection Type: \_\_\_\_\_

High Humidity  Radiant Heat Specify Source: \_\_\_\_\_

Temperature Range (ambient in building at crane elevation): \_\_\_\_\_ Max. \_\_\_\_\_ Min.

Dust  Explosive proof  Corrosive  Type: \_\_\_\_\_

Other - Type \_\_\_\_\_

Power:(choose one)  575AC  480AC  240AC  240DC Special: \_\_\_\_\_



**OVERHEAD CRANES AND HOISTS**



Capacity: Bridge \_\_\_\_\_ tons Main Hoist \_\_\_\_\_ tons \_\_\_\_\_ Lift (ft.) Auxiliary Hoist \_\_\_\_\_ tons \_\_\_\_\_ Lift (ft.)

Number of cranes required: \_\_\_\_\_. Crane Span: \_\_\_\_\_.

Type of Girder:  Single  Double  Top Running  Under Running

Type of Trolley:  Top Running  Under Running Number of trolleys per crane: \_\_\_\_\_

Drum grooves hardened:  Yes  No Sheave grooves hardened:  Yes  No

Additional Hoist data: \_\_\_\_\_

<b>Control:</b>	Quantity	Speed (FPM)	Control Steps	Variable Frequency Drives	Swift Lift Required	Other
Main Hoist				<input type="checkbox"/>	<input type="checkbox"/>	
Aux. Hoist				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

<b>Control:</b>	Quantity	Speed (FPM)	Control Steps	Variable Frequency Drives	Other
Trolley				<input type="checkbox"/>	
Bridge				<input type="checkbox"/>	
				<input type="checkbox"/>	

Additional Control Requirements: \_\_\_\_\_

Crane Lights: Number \_\_\_\_\_

Semi-Centralized Lube System:  Yes  No Other: \_\_\_\_\_

Operator Station: Pendant station suspended from:  Monoveyor track  Fixed bridge  Trolley

Other: \_\_\_\_\_

Cab:  Open  Enclosed \_\_\_\_\_

Cab Location:  Trolley  Overhanging idler girder  Between girders

Center of bridge  End of bridge

Heater  Air Conditioner  Light  Electrical Outlet  Other \_\_\_\_\_

Type of Masters: Console:  Industrial  Joystick

Floor mounted mill duty  Other  Type of Cab Chair \_\_\_\_\_

Radio Control:  Yes  No

Push button  Lever Style  Other \_\_\_\_\_

Customer preferences for equipment (include manufacturer and model numbers):

\_\_\_\_\_

Footwalks: Drive Side:  Full Length  Partial  Number of partials \_\_\_\_\_  
Idler Side:  Full Length  Partial  Number of partials \_\_\_\_\_  
 End Walk: Number of end walks \_\_\_\_\_

Runway Data: Runway length \_\_\_\_\_ feet.  
 Mainline Conductors  Bumper Stops  Rail \_\_\_\_\_  
Are there other cranes on the runway?  Yes  No How many? \_\_\_\_\_  
Existing Crane Information: \_\_\_\_\_

Prepaid Freight:  Option City and State of Crane Erection Site: \_\_\_\_\_

Installation:  Non-Union  Union  
 Regular working hours  Weekend  Holiday  \_\_\_\_\_

Competitor's Name(s): \_\_\_\_\_

List of special equipment or accessories desired: \_\_\_\_\_

For special cranes with multiple hooks or trolleys or other unique requirements, provide detailed information on hook spacing, hook approach requirements, orientation, capacities, total bridge capacity, etc.:

\_\_\_\_\_  
\_\_\_\_\_

Are hooks used together?  Yes  No  Selector Switch  Independent Operator Function

Furnish complete information regarding any unique requirements or special conditions that may effect crane design such as acid fumes, steam, high temperature, high altitudes, excessive dust or moisture, very severe duty, special precise load handling, standard equipment requirements, etc.:

\_\_\_\_\_  
\_\_\_\_\_

Lifting Devices: (i.e. C-Hooks, Coil Grabs, Magnets, Sheet Lifters, etc.)

Magnet information: Quantity \_\_\_\_\_ Amp Draw \_\_\_\_\_ Weight \_\_\_\_\_

Capacity at Hook \_\_\_\_\_, or Capacity at Magnet \_\_\_\_\_

Coil information: Maximum O.D. \_\_\_\_\_ I.D. \_\_\_\_\_ Width \_\_\_\_\_ Weight \_\_\_\_\_

Minimum O.D. \_\_\_\_\_ I.D. \_\_\_\_\_ Width \_\_\_\_\_

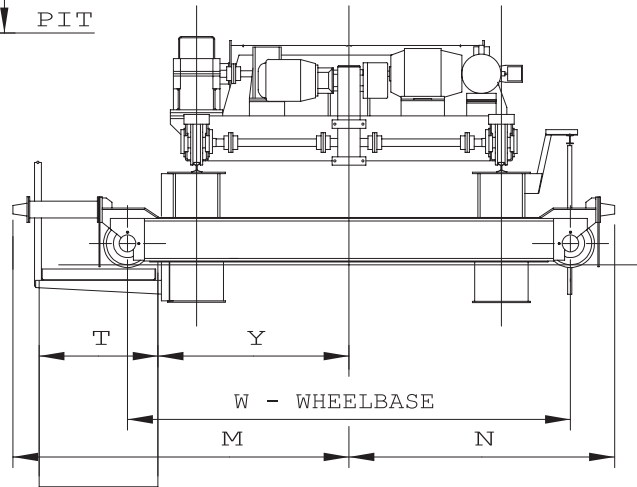
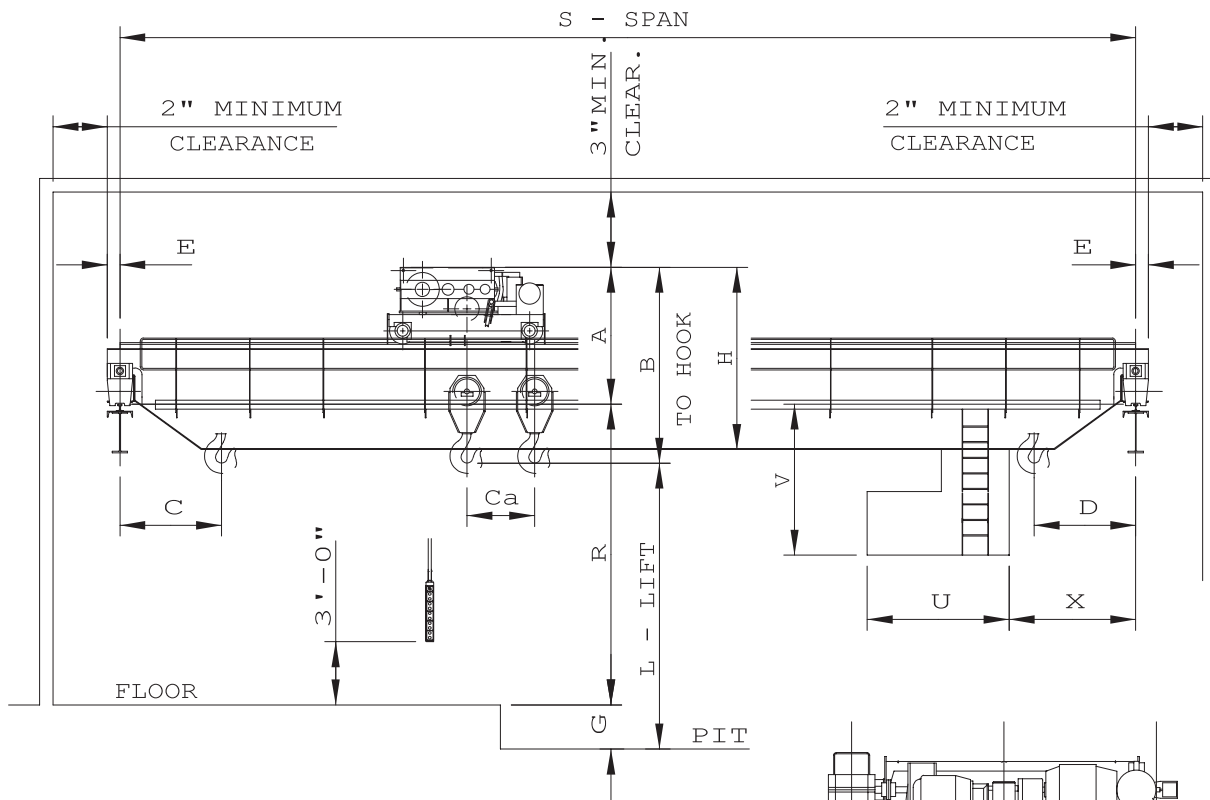
Sheet information: Maximum Thickness \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Weight \_\_\_\_\_

Minimum Thickness \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_

Stacked (i.e., singly, flat, separated by wood, etc.).

Explain and provide dimensional and weight data on lifts to be made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



	Main		Aux.
B	_____	B	_____
L	_____	L	_____
A	_____	E	_____
C	_____	G	_____
Ca	_____	H	_____
D	_____	M	_____
		N	_____
		R	_____
		S	_____

M	_____	T	_____	X	_____
N	_____	U	_____	Y	_____
R	_____	V	_____		
S	_____	W	_____		

CAPACITY \_\_\_\_\_ TONS  
 RUNWAY RAIL \_\_\_\_\_  
 CRANE WGT. \_\_\_\_\_ LBS.

POWER \_\_\_\_\_  
 WHEEL LOAD \_\_\_\_\_ LBS.  
 TROLLEY WGT. \_\_\_\_\_ LBS.

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TITLE: DOUBLE BOX GIRDER  
 TOP RUNNING CRANE WITH  
 TOP RUNNING TROLLEY

DWG. NO. \_\_\_\_\_

ZENAR CORPORATION  
 7301 SOUTH SIXTH STREET  
 OAK CREEK WISCONSIN 53154  
 OVERHEAD CRANES AND HOISTS

DATE: \_\_\_\_\_

JOB NO. \_\_\_\_\_