HYSTER WAREHOUSE PRODUCTS APPLICATION SITE SURVEY

AC Reach Truck

***NOTE**: This survey form contains guidelines to aid you in specifying the proper warehouse products.*
***Always** record the highest shelf or beam height, narrowest clear aisle, largest load to be handled, coldest conditions equipment must operate in. Consult your Warehouse Product Manager for assistance.*

Prepared For: _____

Contact Person: _____ Position/Title: _____

Prepared By: _____ Date Prepared: ____/_____/_____

Anticipated Decision Date: _____/_____/_____ Expected Delivery Date: _____/_____/_____

Number Trucks Required: _____

_____

Existing Equipment (*check one):* ☐ **Single Reach** ☐ **Double Reach**

Manufacturer: _____

Model: _____

Type of Stance ***(check one):*** ☐ **Fore/Aft Stance** ☐ **Side Stance**

Capacity (*maximum):* _____ **lbs. Capacity:** _____@ _____ **MFH**

Base Arm: I.D . _____ **O.D.** _____

Load Wheels: Diameter/Width _____

Maximum Fork Height: _____ **Fork Length:** _____

Overall Lowered Height: _____ **Extended Height:** _____

Battery Model: _____ **Battery Compartment Size:**

Charger Voltage: _____ **Phase:** _____ **Type:** _____

Truck Condition: _____

Width: _____

Depth: _____

Height: _____

Metered Hours on Truck to be Replaced: _____

Options: _____

_____

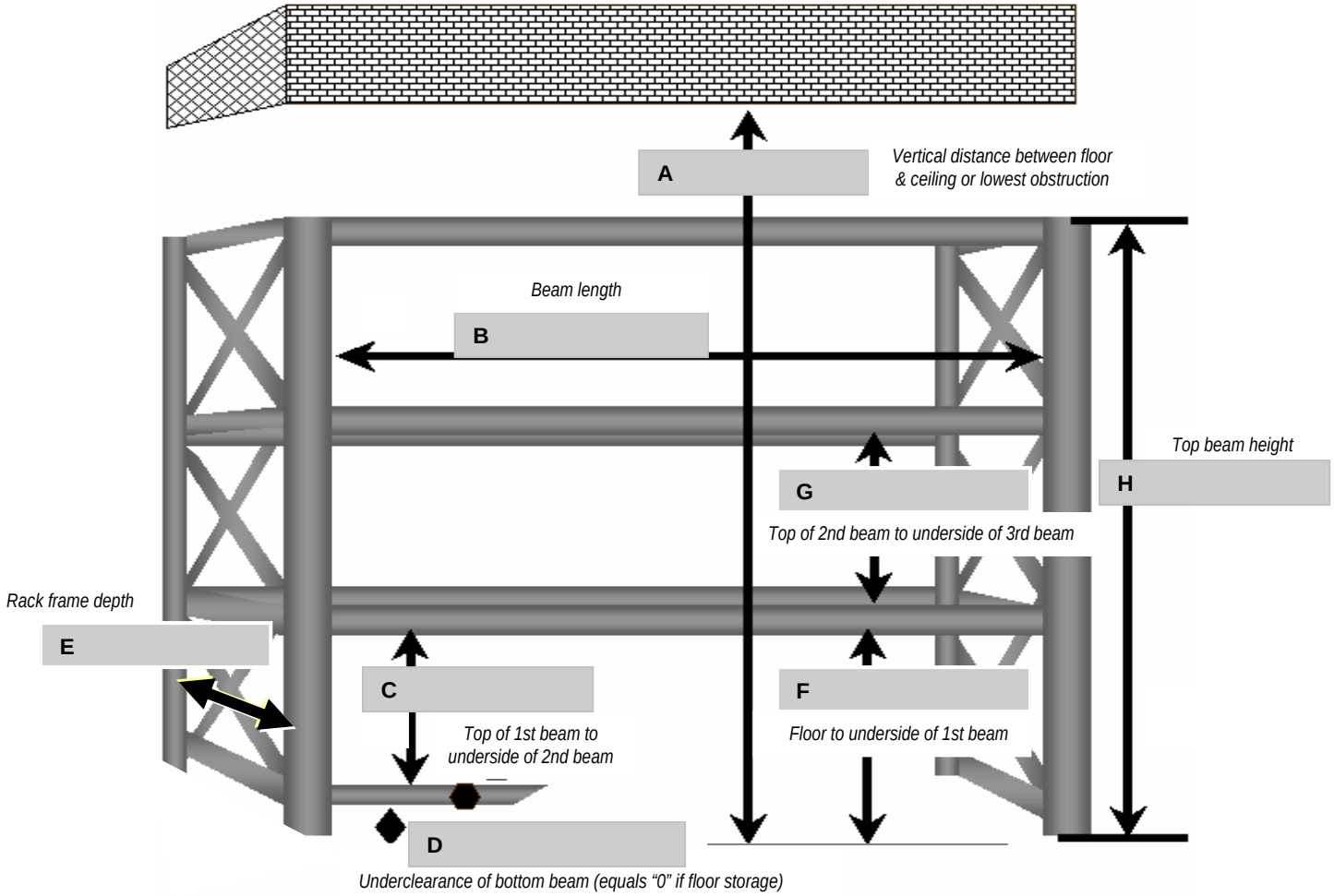
Additional Comments: _____

_____

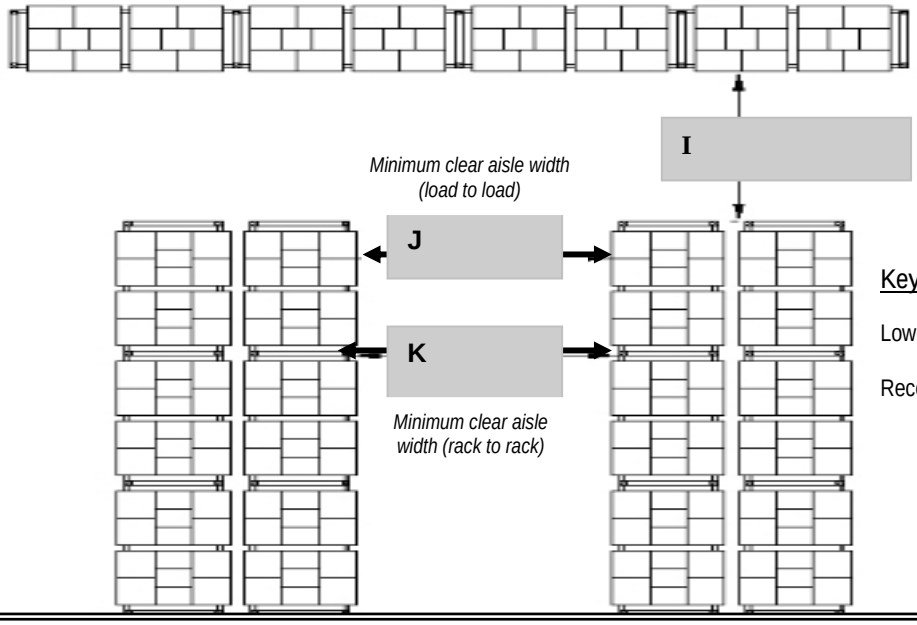
_____

Fill in all shaded areas with dimensions in inches:

Existing/Proposed Rack Dimensions



Aisle & Cross-Aisle Dimensions *(Top View)*



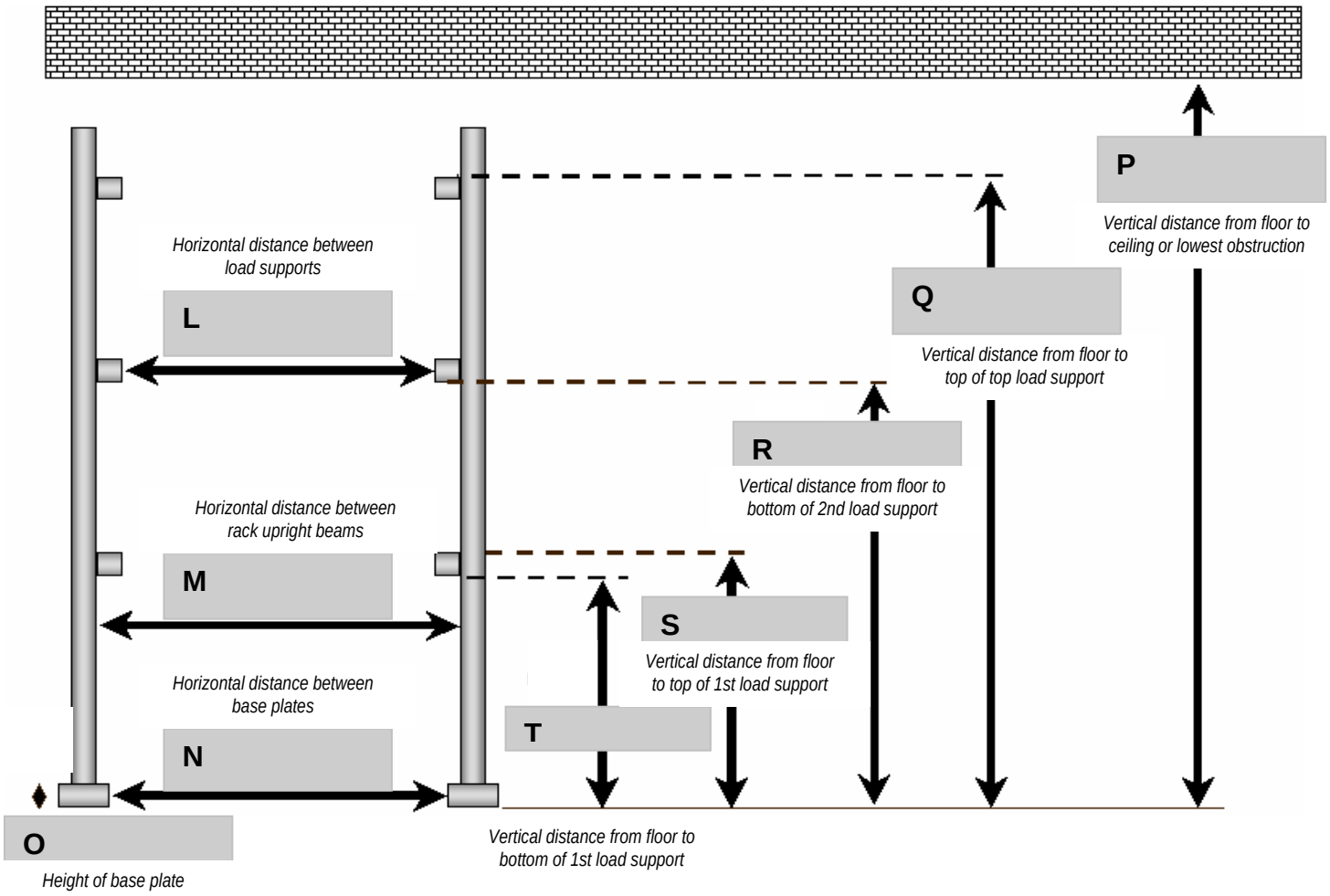
Key Passage Measurements:

Lowest doorway or tunnel height: _____in

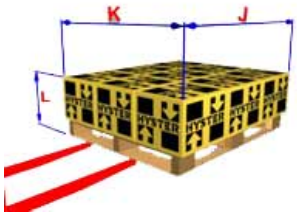
Receiving door height: _____ in

Fill in all shaded areas with dimensions in inches:

Drive-In Rack *Number of Pallets Deep =* _____



Pallet Details



	Minimum (in.)	Maximum (in.)
Depth (J):	_____	_____
Width (K):	_____	_____
Height (L):	_____	_____

Maximum pallet weight: _____ *lbs.*

Maximum pallet weight at top beam: _____ *lbs*

Duty Cycle and Additional Information

1. Number of shifts: _____ Avg hours truck use/shift: _____ Max hours truck/shift: _____

2. Pallets moved per hour: _____

3. Aisle length: _____ Number of aisles: _____ T ravel distance outside of aisle *(e.g. to dock)*: _____

4. Ramps? No: _____ Yes: _____ Describe: _____

_____

5. Floor conditions: _____

6. *Special issues, needs, or concern:* _____

_____

Hyster Company Recommended Truck Specifications

Model Nomenclature: _____

Preferred Stance: ☐ Side Stance ☐ Fore/Aft Stance

Voltage: ☐ 24 ☐ 36

Mast O.A.L.H.: _____"

Maximum Fork Height: _____" Sideshift: ☐ Yes ☐ No

Load Wheels:

☐ 6" x 3.9" ☐ 5" x 2.9"

☐ 5" x 3.9" ☐ Other: ____

Wheel Box:

☐ Weld-on *(standard)*

☐ Bolt-on *(optional)*

Base Arm: I.D. ___" O.D. ___" Width: ___" Height: ___"

Base Arm: ☐ Blunt ☐ Tapered

Drive Tires:

☐ Rubber ☐ Poly Siped

☐ Poly ☐ Poly X-Groove

☐ Single Reach ☐ Double Reach

Fork Length: ☐ 42" ☐ 48" ☐ Other ___"

Fork Thickness: _____"

Non-Std Taper? _____

Battery Compartment Size:

☐ 14.5" ☐ 16.5"

☐ 18.5" ☐ 21.5"

Non-Std Connector (Type/Color)? _____

UL E.E. Construction? ☐ Yes ☐ No

Freezer Application? _____ Temp? _____

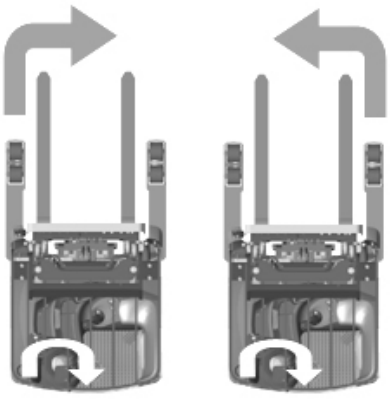
☐ Cooler/Freezer Construction

☐ subZERO Freezer Construction

☐ subZERO Freezer with Heated Floor

Steering:

☐ Automotive ☐ Reverse



Additional Options:

☐ Premium Display

☐ Comfort Package

☐ Productivity Package

☐ Fork Height Display

☐ Fork Camera

☐ Fork - Laser Level Line

☐ Shelf Height Selector

☐ Lights

☐ Steered Caster

☐ Auto Fork Leveling

☐ Operator Overhead Fan

☐ Load Weight Display

☐ RF Terminal Bracket

☐ Load Transport Position

☐ Mast Lift Limit with Override

☐ Reduced Travel Speed with Carriage Extended

Others: _____ _____ _____

This page left blank for your throughput calculations, notes, etc…