

HYDRAULIC MOTORPUMP SURVEY

Please fill in the form below:

General

Date: _____

Installing Dealer:	Contact Name:
Phone Number:	Email:
Company Name:	

DOCKBOARD INFORMATION

Make:	Model:	Serial #:
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Lip Extension Mechanism

Mech Style:	Hyd. Style:	
Independent Lip Out Option: <input type="checkbox"/> Yes <input type="checkbox"/> No (Usually identified as an additional button on the control panel which controls the lip or E-stop)		
If "yes", please provide a contact name and number of the servicing technician so that specific questions regarding the installation can be addressed:	Name:	Phone Number:
Solenoid Location: <input type="checkbox"/> Attached to Pump <input type="checkbox"/> Inline	Number of Platform Lifting Cylinders: <input type="checkbox"/> One <input type="checkbox"/> Two	

Size of Main Platform Cylinder(s)

Body Diameter:	Body Length: (Rod Retracted - Pin to Pin)	Overall Length: (Rod Extended - Pin to Pin)
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MOTORPUMP INFORMATION

Motor Brand:	Model Number:
Horsepower (HP):	Gallons Per Minute (GPM):
Voltage:	Phase:
Reservoir Size: (Or Physical Dimensions) : _____ <input type="checkbox"/> 1Gallon <input type="checkbox"/> 1.5 Gallon <input type="checkbox"/> 2 Gallon Note: 5" x 5" sq. x 10"lg. = Approx. 1.1Gallon	

Additional Information

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