

Service Questionnaire

Please fill out this questionnaire in order to determine the scope of work and the budget for your project. Save the document and send it to your VAHLE experts. Our email: sales@vahleinc.com, phone: +1 713-465-9796. Use TAB button to navigate.

MO TU WE TH FR SA SU Shift length(s): Inspection Other. Please specify below: Installation height: m Commissioning If required, lifts will be provided by: Vahle [1] Customed will be provided by: Installation If [1], please specify lift type and quantity: If retrofit, is Vahle is responsible for tear down and cleanup of existing system? Yes No clear and unobstructed? Yes No if 'No', ple provide definition or retrofit lift type and quantity: If access to the system clear and unobstructed? Yes No if 'No', ple provide definition or retrofit lift type and quantity: If access to the system clear and unobstructed? Yes No if 'No', ple provide definition or retrofit lift type and quantity:	Both ft
Jobsite Facility Name: State ZIP code: Project name / code: Project name / code: Expected Service Date(s) Range(s): MO TU WE TH FR SA SU Shift length(s): Inspection Commissioning Installation Installation Installation Installation Installation Installation Installation If [1], please specify If retrofit, is Vahle is responsible for tear down and cleanup of existing system? Yes No Contact Person, Jobsite: Email Address: Phone Number: Day Shift Night Shift Installation height: Installation height: If required, lifts will be provided by: Vahle [1] Custome If [1], please specify If type and quantity: If retrofit, is Vahle is responsible for tear down and cleanup of existing system? Yes No Clear and unobstructed? Ves No	
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Crane(s) Assembly Automation Amusement AS/RS Warehouse Sortation (
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Total System Length: Lengths of runways (if>1) i.e. 120, 89, 36 System Layout*: VAHLE Products Product groups VAHLE Quote #: VAHLE Order #:	
Lengths of runways (if>1) i.e. 120, 89, 36 VAHLE Quote #:	
System Layout*: VAHLE Order #: straight / curved / complex	
Install Location: indoor / outdoor / cold / clean Ambient Temperature: PPE Requirements: Ear Protection Freequisites for Site Access: Eye Protection Free-screening. Specify: Hard Hat Respiratory Protection Gloves. Type: Steel Toed Shoes More information: dirt, dust, salty air, corrosive, or locations such as water treatment plant, paper mill, etc. More information: dirt, dust, salty air, corrosive, or locations such as water treatment plant, paper mill, etc. Additional information and comments: (*please provide drawings for complex installations) Steel Toed Shoes	ì-
Ear Protection Prerequisites for Site Access:	
Eye Protection Pre-screening. Specify: Hard Hat Additional information and comments:	
Hard Hat Additional information and comments: Respiratory Protection (*please provide drawings for complex installations)	
Gloves. Type: Safety orientation. Duration:	
Steel Toed Shoes	
CO. Detector Certifications or licenses:	
Name of the Customer: Date:	
Insulated Clothing	
Chemical Suit Other. Specify:	
Other. Please specify:	

Email: sales@vahleinc.com