



To Receive A Pallet Inverter Quote: Please fill out the below form and email to orders@hofequipment.com or fax to 773-530-1872 (no cover sheet needed)

Pallet Inverter Specification Checklist

Company Name: _____

Address: _____

Phone #: _____ Fax #: _____

Contact: _____

Title: _____

Product Being Inverted: _____

How many different load sizes: _____

Size of Loads: Height: Max. _____ Min. _____
Width: _____ Length: _____ Weight: _____

Size of the pallets: Length _____ Width _____ Height _____ Weight _____

Type of pallet: Stringer _____ Block _____ 2 way _____ 4 way _____

Reason for Inverting? _____

How are you currently doing this operation? _____

If by hand how long per load does this take? _____

How many employees are used for this operation? _____

How many loads per shift? _____ Shifts per day _____ Working Week: 5 days/ 7 days

Any history of carpal tunnel syndrome or back injuries associated with this process?

Yes _____ No _____

Will the load be transferred to a different pallet? Yes _____ No _____

Specify _____

Loading Requirements:

Forklift _____ Handjack _____ Conveyor _____

Other _____

If conveyors, then Height to top of the rollers _____
Gravity _____ Powered _____

Will a pallet need to be retained in the inverter? Yes _____ No _____

Controls: Auto sequenced _____ Push button _____
Levers _____ Other _____

Overall Space Requirements: Length _____ Width _____ Height _____

Safety barriers required: Wire mesh guarding _____ Photo -Cells _____
Light Curtain _____ Other _____

Electrical power source: 230 or 460V 3 phase 60 Hz. _____ 575 V _____

Is CSA required YES _____ NO _____

What is an acceptable payback period for your company to justify this project?

What other alternatives are you looking at to solve this problem? _____

What are the ramifications if you continue to do this operation by hand, or the way you are doing this currently? _____

Comments: _____
