

Questionnaire

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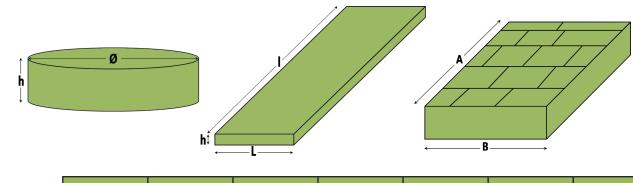
From	
Company:	
Name :	
Address :	
City/State/Country:	
Phone :	
Fax :	
F-mail ·	

Please answer the following questions and we will select the best vacuum gripper suited to your needs.

Fill the questionnaire and send it via fax or E-mail.

Describe product(s) to be ha	andled:					
Single	Round	Smooth	Number of pro	ducts/lau	jers:	
Layers	Oval	Rough	Twisted:	No	Yes:	mm/in
	Square	Grooves	Slip sheets:	No	Yes	
	Rectangular	Oily	Pallets:	No	Yes	
		Wet				
		Porous				
		Non porous				

Dimensions



	Ø	h	L	А	В	Weight
Mini						
Maxi						

Remarks about the products:	
1	

Your application

Description of the application:	
Number of cucles per minutes:	
Product acceleration:	
Maximum robot capacity:	
Type of handler:	Gantry Robot
Attachment needed:	No Yes
Remarks about the application:	
All our grippers ar	re sized using Joulin's Griptech™ software benefiting from over 50 years, of Research and experience with foam grippers.
Notes:	

