

To:

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From:

Company: _____

Name: _____

Street: _____

City/Country/Zipcode: _____

Phone/Fax: _____

Email: _____

Industry: _____

Please answer the following questions carefully, so we can select the vacuum gripper best suited for your purpose.
Please print this document, fill in the details and send it back to us via fax or e-mail.

A) Product Information

A1 What kind of parts are you handling (product, material)?

A2 The objects are:

- ☐ round
- ☐ oval
- ☐ square
- ☐ rectangular
- ☐ curved
- ☐ inherent stable
- ☐ deformable

A3 Surface:

- ☐ smooth
- ☐ rough
- ☐ textured
- ☐ rippled
- ☐ oily
- ☐ wet
- ☐ dry
- ☐ porous
- ☐ airtight

A4 Dimensions, weight:

Length _____ mm

Width _____ mm

Height / Thickness
_____ mm

Ø _____ mm

Weight _____ g

A5 Available surface for gripping

Length _____ mm

Width _____ mm

Ø _____ mm

A6 Height of the product greater than the width?

☐ no ☐ yes [mm / cm] : _____

A7 Do you have to evacuate a volume of air?

☐ no ☐ yes [m³] : _____

A8 Kind of packaging (strength, elasticity etc.)?

A9 Remarks:

B) Information on product layers

B1 Do you transport single products or layers of products? ☐ single ☐ in layers

B2 Number of cycles? _____

B3 Measure of layers

B4 Amount of products / layers

Length _____ mm

Height / Thickness _____ mm

_____ units

Width _____ mm

Ø _____ mm

Weight _____ g

B5 Minimum depth of coverage of a single layer? [%] : _____

B6 Maximum level difference of a single layer? _____

B7 Is there a progressive deformation? ☐ no ☐ yes

B8 Remarks:

C) Application Information

C1 Please describe your application:

C2 Number of cycles per minute: _____

C3 Max. available time to pick and place the product: _____

C4 Product acceleration: _____

C5 Max. carrying capacity : _____

C6 Utilization [operating hours / day / week]: _____

C7 Housing required? ☐ no ☐ yes: _____

C8 Can parts get inside the gripper (e.g. dust, parts of the product or similar) ☐ no ☐ yes: _____

C9 Remarks: