

ABC DOCKS, LLC



Replacement Hydraulic Power-pack Survey

(Please fill in the blanks or check the appropriate / applicable boxes below)

Date: _____

Dealer / Customer: _____

Contact: _____

Phone Number: _____ Fax Number: _____ Email: _____

Dock Leveler

Scissor Table or Lift

Brand of Dock Leveler / Scissor Table or Lift: _____ Model #: _____

Serial Number: _____

Dock Leveler Only:

- Lip Extension Mechanism: Mechanical Hydraulic
- Independent Lip Control: Yes No
- Auto Return to Dock Yes No
- Below Dock Control Yes No

Emergency Stop: Yes No

Number of Deck Cylinders: One Two Other ____

Deck Cylinder Size: Body Diameter ____" Body Length ____" (rod retracted, pin to pin)

Overall Cylinder Length (rod extended, pin to pin): ____"

Motor Brand: _____ Model #: _____

Horsepower: ____ Voltage: ____ Phase: ____ GPM: ____ (gallons per minute)

Reservoir Size: 1 Gal. 2 Gal. Other ____ Gal. Or physical dimensions: _____

Additional Information:
