



Box Gripper

Application Questionnaire

Name:

Date:

Company:

Address:

Phone:

Email:

Fax:

Robot/Gantry

1. Robot make and model:
2. Robot max acceleration (Do not exceed 1G):
3. Robot flange MTG pattern:

Box Gripper

4. Need for under box support (Internal Use Question):
5. Cycle per min:
6. Gripper communication (EIP/profinet, IO-link, discrete):
7. Gripper environment (industrial, food, hazard):

Payload

8. Box sizes (L x W x H): L x W x H mm in
9. Box weight:
10. Box material:
11. Box thickness or type:
12. Box open or closed? Open Closed
13. Full gripper box load:
14. Half gripper box load:
15. Each box layer pattern:
16. If more sizes, do they arrive randomly or does size change per batch
17. Box content:
18. Box samples:
19. Does content generate a hazard? (fumes, dust, inflammability): Yes No
20. Hazard description:

Slip Sheet Options

21. Slip sheet size (L x W x H): L x W x H mm in
22. Slip sheet weight:
23. Slip sheet material:
24. Slip sheet samples:

Pallet Picker Options

25. Slip sheet size (L x W x H): L x W x H mm in
26. Slip sheet weight:
27. Slip sheet material:
28. Slip sheet samples:
29. Pneumatic pusher:
30. Servo adjust:

Conveyor Information

31. Conveyor type: Belt Roller
32. Roller pitch: mm in
33. Roller diameter: mm in
34. At least one side open?: Yes No
35. Box orientation on conveyor: Short edge leading Long edge leading
36. Number of stacks: 1 2 More
37. Grip cycle time:
38. Change over time:
39. Tolerance of box position at arrival:

Environment

40. Min/max temperature:
41. Max humidity:
42. Other factors:

End-Effector Requirements

43. Paint:
44. Wash down:
45. FDA:
46. IP:

Additional Comments