

Technical Questionnaire

Please complete and return it via Fax:

++(0)71 42/583-200



1. Brief description of application

Temperature range (°C): _____

Stroke frequency: _____

Stroke length (mm): _____

Stroke speed (m/s): _____

Speed range (RPM) (min⁻¹): _____

Rotating direction: _____

Concentric tolerance (mm): _____

Center offset (mm): _____

Other details: _____

2. Contact surface

Diameter (mm): _____

Material: _____

Surface quality/finish (µm): _____

Hardness (HRC): _____

3. Installation space

Groove dimension (mm): _____

Material: _____

Surface quality/finish (HRC): _____

5. Special needs

e.g. approvals, friction,
service life, etc.: _____

4. Operating conditions

Medium: _____

Normal pressure (bar): _____

Peak pressure (bar): _____

6. Requirement

Once-off (quantity/pieces): _____

Monthly (quantity/pieces): _____

Annually (quantity/pieces): _____

Company (address)

Contact

Fax

Phone

email