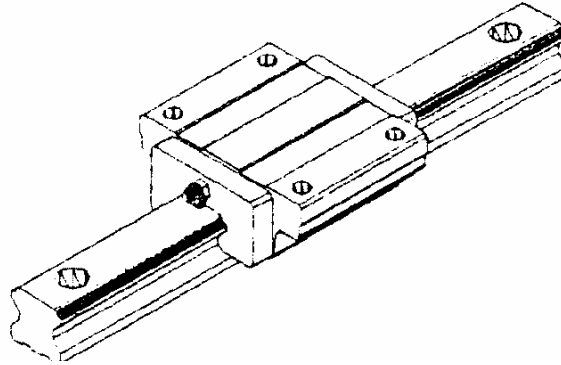


Linear Guide Application Data Form



1. Job Details:

Customer: _____
 Contact: _____
 Telephone: _____
 Fax: _____
 Email: _____
 Date: _____



1. System Specifications:

Application Orientation: Vertical Horizontal Wall Mount
 Number of Rails: _____ Number of Blocks: _____
 Rail Separation: (mm) _____ Block Separation: (mm) _____
 Total Length: (mm) _____ Stroke Length: (mm) _____

2. Load Specifications

Radial _____ (N) Moment Ma _____ (Nm)
 Reverse Radial _____ (N) Moment Mb _____ (Nm)
 Side Load _____ (N) Moment Mc _____ (Nm)

3. Life Specifications

Cycles per Hour: _____ Hours Per Day: _____ Days Per Year: _____
 Required Life: (Years) _____

4. Motion Profile:

Drive Mechanism: Ball Screw Cylinder Rack Belt Manual
 Stroke Distance: (mm) _____ Time to Stroke: (s) _____
 Max Velocity: (mm/s) _____ Max Accel: (mm/s²) _____
 Profile Type: Trapezoidal Triangle

5. Environmental Specifications

Operating Temperature Range: _____ °C → _____ °C
 Shock Loads: None Mild Moderate Severe
 Vibrations: None Mild Moderate Severe
 Contamination: None Mild Moderate Severe
 Contaminant (Specify): _____

6. Notes:

Melbourne Tel: 03 9755 6044 Fax: 03 9755 6088
 Sydney Tel: 02 9792 7188 Fax: 02 9792 2810
 Auckland Tel: 09 273 9723 Fax: 09 273 9725

Adelaide Tel: 08 8283 4177 Fax: 08 8283 4188
 Perth Tel: 08 9358 2444 Fax: 08 9358 2666
 Brisbane Tel: 07 3274 3388 Fax: 07 3274 3400