

QUESTIONNAIRE FOR AIR MOTORS

If you answer the questions below as comprehensively as possible outlining the most important requirements we will be able to offer a suitable motor. Please return the completed questionnaire.



Sender:		
Company		Phone:
Name:	Department:	Fax:
Address:		E-Mail:

1. Intended use (description of purpose as complete as possible):			
2. Quantity required		Single motor:	<input type="checkbox"/>
		Serie:	<input type="checkbox"/>
		Quantity:	Units
test model:			<input type="checkbox"/>
3. Required characteristics		Power:	KW
		Torque:	Nm
		Speed under load:	rpm
		Max. free speed:	rpm
4. Type of load on motor (e.g. starting up under full load)		Start-up moment:	Nm
5. Flow pressure at motor connection		:	bar
6. Connection (Inside diameter of connection hose)		Hose ID:	mm
		Pipe conduit inside:	inches
7. Direction of rotation (looking from front at the shaft end)		Right-hand rotation (clockwise):	<input type="checkbox"/>
		Left-hand rotation (anti-clockwise):	<input type="checkbox"/>
		Reversible:	<input type="checkbox"/>
8. Type of reversing		Hand-lever on motor:	<input type="checkbox"/>
		Remote control, pilot controlled:	<input type="checkbox"/>
		Remote control, direct via 2 connecting lines:	<input type="checkbox"/>
9. Mounting		Thread :	<input type="checkbox"/>
		Foot :	<input type="checkbox"/>
		Special :	<input type="checkbox"/>
		Flange :	<input type="checkbox"/>
10. Design of motor		with brake:	<input type="checkbox"/>
		without brake:	<input type="checkbox"/>
11. Output shaft (shaft butt, toothing, square):			
12. Lubrication		Service unit:	<input type="checkbox"/>
		Line oiler for horizontal or vertical installation:	<input type="checkbox"/>
13. Are special regulations concerning maximum permissible sound level existing?		yes:	<input type="checkbox"/>
If yes, what?		no:	<input type="checkbox"/>
		max. Noise:	dB (A)
14. Other informations:			
15. Do you have enclosed a sketch?		yes:	Page(s)
		no:	<input type="checkbox"/>