

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"/>
	Series:	<input type="checkbox"/>
	Quantity:	units
Test model::		<input type="checkbox"/>
3. Required characteristics	Power:	h.p.
	Torque:	ft./lbs
	Speed under load:	rpm
	Max. free speed:	rpm
4. Type of load on motor (e.g. starting up under full load)	Start-up-moment:	ft./lbs
5. Flow pressure at motor connection	:	psi
6. Connection (inside diameter of connection hose)	Hose ID:	inches
	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 (counter-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, teeth, 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. Have you enclosed a sketch?	yes:	page(s)
	no:	<input type="checkbox"/>

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SMALL MOTORS FOR SPECIAL APPLICATION AND OEM

• AIR



