

BEARING DESIGN

Slewing Rings & Turntable Bearings



Customer: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Filled out by: _____
 Phone: _____ Ext: ____ Fax: _____
 Cust. Model: _____
 Application: _____
 Req. SF _____
 Loads By: _____

Date Filled Out: _____
 Date Reply Required: _____

- New Application
- Modification of Existing Design
- Replacement

BEARING LOADS:	Maximum Rotating	Maximum Static	%time
Axial or Thrust Loading:	_____ lb	_____ lb	_____ %
Moment Loading:	_____ ft-lb	_____ ft-lb	_____ %
Radial Loading:	_____ lb	_____ lb	_____ %
Max. Tangential Tooth Load:	_____ lb	_____ lb	_____ %
Gear Torque:	_____ ft-lb	_____ ft-lb	_____ %
Gear Tangential Tooth Load:	_____ lb	_____ lb	_____ %

AXIS OF ROTATION

- Vertical (Brg Horiz)
- Horizontal (Brg Vert)
- Inclined _____ degs
- Outer Ring Rotates
- Inner Ring Rotates

ROTATION:

<input type="checkbox"/> Continuous	_____ rpm	_____ rpm	_____ %
<input type="checkbox"/> Oscillating	_____ rpm	_____ rpm	_____ %
<input type="checkbox"/> Intermittant	_____ rpm	_____ rpm	_____ %

GEAR & PINION DATA:

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> No Gear | <input type="checkbox"/> Separate |
| <input type="checkbox"/> External | <input type="checkbox"/> Internal |
| <input type="checkbox"/> Fixed | <input type="checkbox"/> Rotates |
| D.P. _____ | P.A. _____ |

SPACE LIMITATION: (If any)	Preferred	Max./Min.
Outside Diameter:	_____ inches	_____ inches
Inside Diameter:	_____ inches	_____ inches
Height:	_____ inches	_____ inches
Ball Path Diameter:	_____ inches	_____ inches

Tooth Form: _____
Face Width: _____
Gear P.D. _____
No. Pinion Teeth: _____
Drive Pinions/Brg: _____

COMMENTS:

MOUNTING BOLTS:
(1) Drilled for thru bolts
(2) Blind tapped Holes
(3) Socket head cap screws
(4) Tapped thru & c'drilled
(5) No preference
Choose one style for each ring:
Outer: <input type="checkbox"/> Inner: <input type="checkbox"/>

Checked By: _____

_____ Date

_____ Proposed Model Number

