

DATE: _____

CUSTOMER: _____

ADDRESS: _____

CONTACT: _____

TITLE: _____

PHONE: _____

FAX: _____

Bearing to be used for _____ New Design Existing Design

If not new, what type of bearing has been used? _____

Part Number _____ I.D. _____ O.D. _____ Length _____

Was it satisfactory? _____ If not, why not? _____

SERVICE CONDITIONS

SPEEDS (Max., Min., Average RPM or Cycles per minute) _____

LOADS (lbs, or psi) Radial _____ Axial _____

Constant _____ Fluctuating _____

Shock _____ Vibratory _____

MOTION Rotating shaft with unidirectional load Rotating load with Stationary shaft

Oscillating shaft Angle _____ Reciprocating Stroke _____

SHAFT Drawing Number _____ Horizontal Vertical

Diameter _____ Misalignment anticipated _____

Material _____ Hardness _____ Surface Finish _____

HOUSING Length _____ I.D. _____ O.D. _____ Material _____

Construction: Light Heavy

SERVICE LIFE REQUIRED

Total Life (operating hours) _____ Total Allowable Wear (inches) _____

Continuous

Intermittent (describe) _____

ENVIRONMENTAL CONDITIONS

Air Clean Contaminated-Type _____

Gas Clean Contaminated-Type _____

Liquid-Type _____ Concentration _____

Lubrication properties _____

Is sealing available? _____ Type _____

ENVIRONMENTAL TEMPERATURE

Maximum _____ Minimum _____ Normal _____

Quantity required per year? _____