

THK Application Data Sheet - Actuator

CUSTOMER: _____

CONTACT: _____

TEL.: _____

FAX: _____

DATE: _____

DISTRIBUTOR: _____

CONTACT: _____



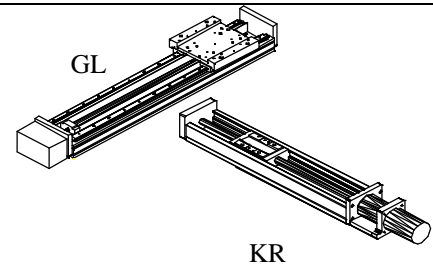
Technico Inc.
 766 N. River Rd.
 Warren, OH 44483
 www.technico.com
 sales@technico.com

APPLICATION TITLE: _____

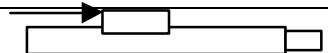






Estimated Purchase Date: _____

System Specifications (Attach Sketch)

Application Orientation	<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Wall-mount
Actuator Orientation	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Inverted	<input type="checkbox"/> Vertical
Stroke Length (mm, in, ft)	_____		
Actuator Type Desired	<input type="checkbox"/> GL	<input type="checkbox"/> GL Belt	<input type="checkbox"/> KR
Outrigger Rail (Y/N)	_____		



System Load Specifications

Axial Load or Thrust Load:		Max	(N, lb)	Average	(N, lb)	
Radial			(N, lb)	Moment Ma		(Nm, lb.in)
Reverse Radial			(N, lb)	Moment Mb		(Nm, lb.in)
Side Load			(N, lb)	Moment Mc		(Nm, lb.in)

Motion Profile Information

Nominal Stroke		Rapid Traverse	
Stroke Distance (mm, in)	_____	Stroke Distance (mm, in)	_____
Time to Stroke (s)	_____	Time to Stroke (s)	_____
Maximum Velocity (mm/s, in/s)	_____	Maximum Velocity (mm/s, in/s)	_____
Max. Acceleration (mm/s ² , in/s ²)	_____	Max. Acceleration (mm/s ² , in/s ²)	_____
Profile Type (Trapezoidal/Triangle)	_____	Profile Type (Trapezoidal/Triangle)	_____

Motor Specifications

Motor Manufacturer	_____	Model Number	_____
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Life Specifications

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

Accuracy Specifications

Control Method (OPEN/CLOSED)	_____	Straightness (mm, in)	_____
Positional Accuracy (mm, in)	_____	Parallelism (mm, in)	_____
Repeatability (mm, in)	_____	Perpendicularity (mm, in)	_____

Environmental Specifications

Shock Loads	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Vibrations	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Contamination	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Contaminant (Specify)	_____		Operating Temp (?C or ?F)	_____