

# Specification Data Sheet *Choose one of 4 easy ways to complete and return*



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## 1. Contact Information

Name	Company	
Title	Address	
Email	City	
Phone	State	
Fax	Postal Code	Country

## 2. Quotation Data

Quotation Quantity	Pcs / delivery lot	Annual Usage	Pcs / year
Required Delivery	Weeks	Target Price	Per Unit
Proposal Required	Date		

## 3. Application Description (please attach additional drawing or sketch)

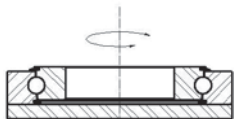
Application (Reference Table 2-4 Service Factors pg. 17)

Which of the following applies?  New application  
 Interchange for existing bearing. Include reason(s) for seeking interchange below.

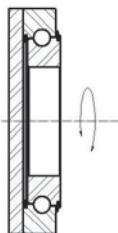
Other considerations

### Position of rotation axis

Vertical



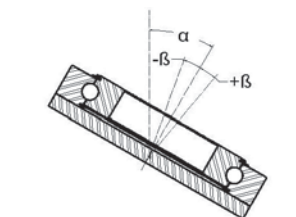
Horizontal



Inclined/Variable

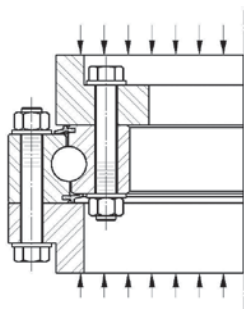
Nominal (relative to vertical)  
 $\alpha$  \_\_\_\_\_ degrees

Range  
 $\pm \beta$  \_\_\_\_\_ degrees

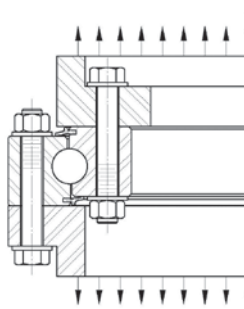


### Axial load direction

Compression



Tension (Suspended)



Ambient temperature	Minimum °F	Normal °F	Maximum °F
Seals Required	<input type="checkbox"/> No <input type="checkbox"/> Yes, Against:		
Specific Lubrication Required	<input type="checkbox"/> No <input type="checkbox"/> Yes, Type:		
Special environmental considerations?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: _____		



# Specification Data Sheet continued

## 4. Bearing Information

	Outline Dimensions		
	Minimum	Preferred	Maximum
<b>ID</b>	in.	in.	in.
<b>OD</b>	in.	in.	in.
<b>Width</b>	in.	in.	in.

	Mounting Holes	
	Inner Race	Outer Race ( <input type="checkbox"/> Same as inner)
<b>Size</b>		
<b>Quantity</b>		
<b>Style</b>	<input type="checkbox"/> Through <input type="checkbox"/> Tapped through <input type="checkbox"/> Tapped blind <input type="checkbox"/> C'drilled <input type="checkbox"/> C'bored	<input type="checkbox"/> Through <input type="checkbox"/> Tapped through <input type="checkbox"/> Tapped blind <input type="checkbox"/> C'drilled <input type="checkbox"/> C'bored

Gear Data		
<input type="checkbox"/> None	<input type="checkbox"/> Internal	<input type="checkbox"/> External
<b>Tooth Form</b>	<input type="checkbox"/> Full Depth	<input type="checkbox"/> Stub
<b>Dia. Pitch (Mod)</b>		
<b>Pitch Diameter</b>		in.
<b>Pressure angle</b>		degrees
<b>Number of teeth</b>		
<b>Addendum mod.</b>		in.
<b>Face width</b>		in.

Mating Pinion (s)		
<b>Number used</b>		
<b>Number of teeth</b>		
<b>Addendum Mod.</b>		in.
<b>OD</b>		in.

Center Distance	
<input type="checkbox"/> Adjustable	<input type="checkbox"/> Fixed, distance _____ in.

## 5. Load Parameters

Load Case	Bearing Loads			Speed (RPM)		Gear Load Torque (ft-lbs)	Percent of Time
	Axial (lbs)	Radial (lbs)	Moment (ft-lbs)	Mean	Max		
<b>Static</b>				—	—	—	
<b>Normal Operating 1</b>							
<b>Normal Operating 2</b>							
<b>Normal Operating 3</b>							
<b>Maximum Operating</b>							
<b>Test/Overload</b>							

<b>Safety factor included in loads above?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	Additional application service factor required?	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____
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<b>Rotation</b>	<input type="checkbox"/> Intermittent <input type="checkbox"/> Continuous without interruption <input type="checkbox"/> Oscillating, _____ degrees	<input type="checkbox"/> One direction only <input type="checkbox"/> Alternating directions
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<b>Life required (L<sub>10</sub>)</b>	<input type="checkbox"/> Hours (based on speeds in above table) <input type="checkbox"/> Revolutions / oscillations
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<b>Shocks or vibrations?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, describe:
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**Special conditions:** materials, torque, accuracy, seals, protective coatings, etc.

## 6. Comments