

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	

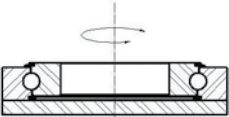
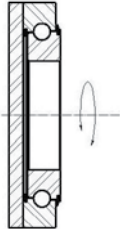
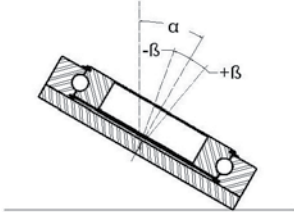
3. Application Description (please attach additional drawing or sketch)

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

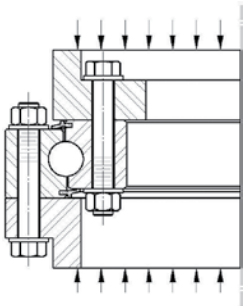
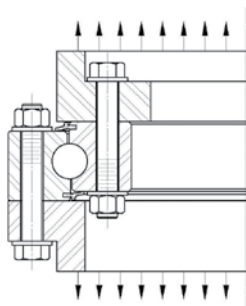
Which of the following applies? New application
 Interchange for existing bearing. Include reason(s) for seeking interchange below.

Other considerations _____

Position of rotation axis

<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Inclined/Variable
		Nominal (relative to vertical) α _____ degrees Range $\pm \beta$ _____ degrees
		

Axial load direction

<input type="checkbox"/> Compression	<input type="checkbox"/> 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
ID	_____ in.	_____ in.	_____ in.
OD	_____ in.	_____ in.	_____ in.
Width	_____ in.	_____ in.	_____ in.

	Mounting Holes	
	Inner Race	Outer Race (<input type="checkbox"/> Same as inner)
Size	_____	_____
Quantity	_____	_____
Style	<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
Tooth Form	<input type="checkbox"/> Full Depth <input type="checkbox"/> Stub
Dia. Pitch (Mod)	_____
Pitch Diameter	_____ in.
Pressure angle	_____ degrees
Number of teeth	_____
Addendum mod.	_____ in.
Face width	_____ in.
Mating Pinion (s)	
Number used	_____
Number of teeth	_____
Addendum Mod.	_____ in.
OD	_____ 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		
Static	_____	_____	_____	—	—	—	_____
Normal Operating 1	_____	_____	_____	_____	_____	_____	_____
Normal Operating 2	_____	_____	_____	_____	_____	_____	_____
Normal Operating 3	_____	_____	_____	_____	_____	_____	_____
Maximum Operating	_____	_____	_____	_____	_____	_____	_____
Test/Overload	_____	_____	_____	_____	_____	_____	_____

Safety factor included in loads above? No Yes, _____ Additional application service factor required? No Yes, _____

Rotation Intermittent Continuous without interruption Oscillating, _____ degrees One direction only Alternating directions

Life required (L₁₀) Hours (based on speeds in above table) Revolutions / oscillations

Shocks or vibrations? No Yes, describe: _____

Special conditions: materials, torque, accuracy, seals, protective coatings, etc. _____

6. Comments

Appendix & Sales Information
Section 6