



APPLICATION WORKSHEET

FAX NO.: _____

DATE: _____

ATTN: _____

COMPANY: _____

The Enidine Application Worksheet makes shock absorber and rate control sizing and selection easier.

Fax, phone, or mail worksheet data to Enidine headquarters or nearest Enidine subsidiary/affiliate or distributor. (See catalog back cover for Enidine locations and the web site for a list of Enidine distributors [www.enidine.com])

Upon Enidine's receipt of this worksheet, you will receive a detailed analysis of your application and product recommendations. (For custom design projects, Enidine representatives will consult with you for specification requirements.)

GENERAL INFORMATION

CONTACT: _____

DEPT/TITLE: _____

COMPANY: _____

ADDRESS: _____

TELE: _____ FAX: _____

PRODUCTS MANUFACTURED: _____

APPLICATION DATA

Description: _____

Motion Direction (Check One):

- Horizontal Vertical Up Down Incline
- Rotary Horizontal Rotary Vertical Up Down

Weight (Min./Max.): _____ (lbs)

Cycle Rate _____ (cycles/hour)

Additional Propelling Force (If Known) _____ (lbs)

Air Cyl: Bore ____ (in) Max. Pressure ____ (psi) Rod Dia. ____ (in)

Hydraulic Cyl: Bore ____ (in) Max. Pressure ____ (psi) Rod Dia. ____ (in)

Motor _____ (hp) Torque _____ (in-lbs)

Ambient Temp. _____ °F

Environmental Considerations: _____

SHOCK ABSORBER APPLICATION

All Data Taken at Shock Absorber

Number Shock Absorbers to Stop Load _____

Impact Velocity (min/max) _____ (in/sec)

Shock Absorber Stroke Requirements: _____ (in)

G Load Requirements _____ (G)

RATE CONTROL APPLICATION

All Data Taken at Rate Control

Number of Rate Controls to Control the Load _____

Control Direction: Tension (T) Compression (C)

Required Stroke: _____ (in) Est. Stroke Time _____ (sec)

Estimated Velocity at the Rate Control _____ (in/sec)

APPLICATION SKETCH/NOTES

Lifetime Warranty – Consult factory for details.

Enidine reserves the right to alter or improve product design specifications without prior notice.