

Inquiry Sheet for Tsubaki Pin Gear Drive Units

Complete this sheet to receive a report on the selection result.

Company: _____

Name: _____

Department: _____

Phone/Fax: _____

E-mail: _____

Tsubaki dealer: _____

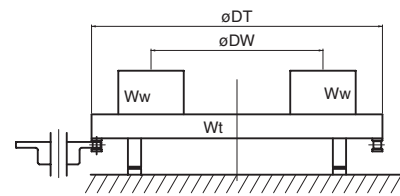
Machinery used: (Attach layout drawings if possible.)

① Drive type and size (required)

- Outer drive (GW) Diameter of mounting location mm or pitch circle diameter mm
 Inner drive (NW) Diameter of mounting location mm or pitch circle diameter mm
 Flat rack (FR) Total length mm Angle rack (AR) Total length mm

② Gear dimensions (Note pitch circle diameter, outer diameter, or number of teeth.)

Pitch circle diameter mm
 Outer diameter mm
 No. of Teeth



(Reference drawing of table drive)

③ Weight of moving parts and transported items

- ① Rotational drive: Outer table diameter (DT): mm Table weight (Wt): Kg
 (Drum)
 Load diameter (DW): mm Load weight (Ww): Kg
 ② Linear drive: Dolly weight (WT): Kg
 Load weight (Ww): Kg

④ Coefficient of friction

- Coefficient of friction of rotational support } Complete if using rotational drive.
 Diameter of rotational support mm }
 Coefficient of friction of wheel bearings } Complete if using linear drive.
 Coefficient of wheels when running }

⑤ Operating conditions

Select a number from the table below:

Operation Status	Operating Hours/Day		
	Up to 3 hrs	Up to 12 hrs	Up to 24 hrs
Even load	①	④	⑦
Load with small impacts	②	⑤	⑧
Load with large impacts	③	⑥	⑨

Operation stops ten or more times an hour.

(Check box if applicable)

⑥ Other specifications (Include details such as required reduction gear ratio, usage conditions, operation patterns, and other relevant points.)

Send to: TSUBAKIMOTO SPROCKET CO. Customer Service Center Fax: +81-774-43-4370