

GEARBOX ENQUIRY FORM

Section A - Customer Details

Company Name _____	Date _____	Enquiry No. _____
Contact _____	Telephone _____	Facsimile _____

Section B - Selection Data - Please tick relevant box and complete information in space provided.

*Application e.g. conveyor _____

If replacing existing gearbox Brand _____ Serial No. _____

If existing, why is gearbox being replaced? _____

Gearbox Type (if known) HSM Helical Shaft Mount Cyclo HBB Helical Buddy Box BBB Bevel Buddy Box Other _____
 Hyponic Paramax 9000 Right Angle Bevel Helical Right Angle Worm In-Line Helical

* Motor Power kW * Motor Speed RPM * Motor Shaft Diameter mm

Absorbed Power (if known) kW * Final Output Speed RPM Ratio

Output Torque Required Nm * Output Shaft Diameter mm Ambient Temperature °C

Service Factor * Is Backstop Required? Yes No

Hours of Operation Per Day Continuous Intermittent Reversing? Yes No

Load Uniform Moderate Heavy

Environment Dusty Washdown Humid Indoors Outdoors

Sealing STD Labyrinth Other please specify _____

Motor Connection Direct Coupled Belt Driven Motor Mount Guard

Lubrication Oil Grease Other please specify _____

Type of Mounting Foot Mount Flange Mount Shaft Mount Base Plate

Section C - Additional information or sketch of application

* Mandatory information for basic selection

Section D - Enquiry Originator

Company Name _____	Branch _____
Contact _____	Telephone _____ Facsimile _____

Please email this enquiry to your nearest Chain & Drives branch.

WA info@chainanddrives.com.au
 NSW salesnsw@chainanddrives.com.au

