

ESU APPLICATION SIZING QUESTIONNAIRE:

Date: _____ Completed By: _____

Distributor Name: _____

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name /Title: _____ Telephone: _____

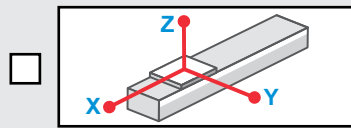
E-Mail Address: _____

End Customer (if other than above): _____ Location: _____

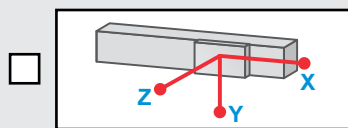
APPLICATION DETAILS

General Description: _____

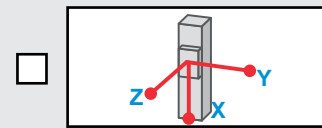
Application Type (Check all that apply):



Horizontal Installation



Wall Installation



Vertical Installation

	Horizontal	Load Offset (mm)	Wall	Load Offset (mm)	Vertical	Load Offset (mm)
Travel:	mm =	X =	mm =	X =	mm =	X =
Travel Time One direction:	sec =	Y =	sec =	Y =	sec =	Y =
Payload:	kg =	Z =	kg =	Z =	kg =	Z =

Duty Rate: Cycles/Minute Hour/Day Days/Week Weeks/Year

Repeatability	Environment	Fieldbus	Cable Length	Supply Voltage
± .05 mm <input type="checkbox"/>	Standard <input type="checkbox"/>	Analog <input type="checkbox"/>	1 m <input type="checkbox"/>	120 V <input type="checkbox"/>
	Cleanroom <input type="checkbox"/>	CANopen or EtherCAT <input type="checkbox"/>	3 m <input type="checkbox"/>	240 V <input type="checkbox"/>
	Food/Medical <input type="checkbox"/>	CANopen <input type="checkbox"/>	6 m <input type="checkbox"/>	400 V <input type="checkbox"/>
	Dusty <input type="checkbox"/>	EtherCAT <input type="checkbox"/>	9 m <input type="checkbox"/>	480 V <input type="checkbox"/>
	Coolant <input type="checkbox"/>	EtherNet / IP <input type="checkbox"/>	12 m <input type="checkbox"/>	
	Other <input type="checkbox"/>	PROFINET <input type="checkbox"/>	24 m <input type="checkbox"/>	
		SynqNet <input type="checkbox"/>		

Describe motion sequence:

**Complete this form, save the file,
and send via email to:
apps@phdinc.com
It can also be printed and faxed to
260-747-6754, or call
Customer Service at 800-624-8511
for assistance.**