

Application Data Sheet

Company: _____ Contact Person: _____ Date _____

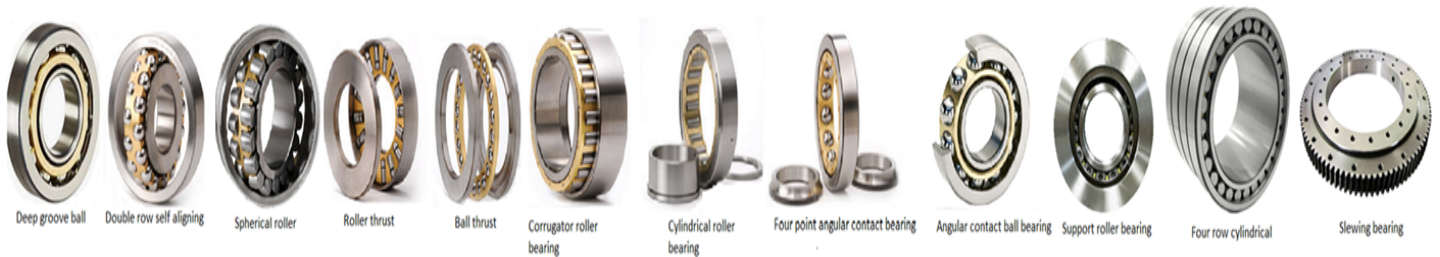
Phone: _____ Fax: _____ Email: _____

Type of Analysis: Failure Analysis RA Analysis Application

Axis of Rotation: Vertical Horizontal Inclined

Rotation: Continuous Intermittent Max RPM: _____ Max. Temp: _____ Min. Temp: _____

Bearing type:



Other: _____

Bearing Dimensions – Inches / mm

Part Number: _____ Bearing Manufacturer: _____ Quantity: _____

ID (Bore): _____ OD: _____ Inner Race Width: _____ Outer Race Width: _____

Additional Information

What kind of lubrication system and seals are used? _____

When was the last service performed? Is there a maintenance schedule? _____

Describe the operating environment; Indoors, outdoors, excessive mud or debris, exposure to moisture.

Describe installation and removal methods: _____

Describe bearing storage and handling methods: _____

Has bearing been previously repaired or re-conditioned? _____

Equipment Manufacturer: _____ Equipment Model: _____

Type of Equipment used on: _____

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