

Technical Request Sliding Bearings

Please send the form by fax to **+41 41 854 15 32** or by e-mail to **request@gleitlager.ch**

Company _____ Name _____
_____ E-Mail _____
Address _____ Phone _____
City/Country _____ Fax _____

1. Application

Type of machine / device _____
Bearing location / designation _____

2. Design

Form Cylindrical Bearing Flange Bearing Sliding Strip Thrust Washer other
tolerance [mm] _____
Ø ID _____ Ø OD _____ Length _____ Ø FD _____ FL _____
Length _____ Width _____ Thickness _____ Div. _____
Bearing load [N] _____ static dynamic circumferential load impact effect
Counterpart Material _____ Surface finish Ra [µm] _____
Hardness [HRC] _____ Dimension [mm/Tol.] _____
Housing Material _____ Housing-Ø [mm/Tol.] _____
Type of installation _____
Lubrication self-lubricating permanent lubrication initial lubrication dry running maintenance-free

3. Movement

turning movement oscillating intermitting lifting movemen other _____
Rot. speed [1/min.] _____ Angle +/- _____ Stroke [mm] _____
Cycle [1/min.] _____ Other _____

4. Temperature

Bearing temperature [°C] _____ Environment [°C] _____

5. Environmental conditions (pollution, contact with chemicals, atmosphere, etc.)

6. General

Approvals (food compatible, RoHS, etc.) _____
Previously used bearing _____ or new product
Quantity per lot size _____ Annual requirement _____
You request Advice Quotation Sample Contacting