



Application Requirements Form for New Balancing Machine

Customer Information:

Date:	_____	Company Name:	_____
Contact Person:	_____	Company Address:	_____
Title:	_____		_____
Email:	_____	City:	_____
Phone Number:	_____	State:	_____
Fax Number:	_____	Postal Code:	_____
		Country:	_____

1. Introduction

The purpose of this survey is to allow our engineers to better understand your present and future applications and provide an equipment recommendation to meet your balancing needs.

There is no cost or obligation for this service and all information will be kept strictly confidential.

Please fill out all pages of this requirements form and either save or scan it, then email it back to us at sales@IRDproducts.com. You may also fax it to us at 1-502-238-1001.

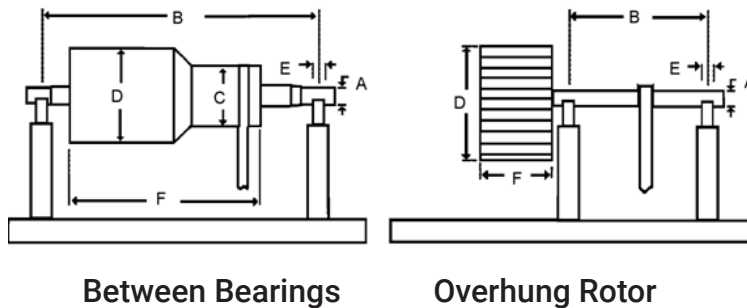


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Part Number E51249 Rev4 (Revised 12 March 2019)



2. Rotor Details (If necessary, reproduce this page and enter data for more rotors)

1	List All Types of Rotors to Balance	<input type="checkbox"/> fan <input type="checkbox"/> armature <input type="checkbox"/> gas/steam turbine <input type="checkbox"/> roll <input type="checkbox"/> impeller <input type="checkbox"/> spindle <input type="checkbox"/> disk <input type="checkbox"/> crankshaft <input type="checkbox"/> flywheel <input type="checkbox"/> flywheel <input type="checkbox"/> other <input type="text"/>
2	Rotor Mass Symmetry	<input type="checkbox"/> Between Bearings <input type="checkbox"/> Overhung <input type="checkbox"/> Both
3	If Overhung Rotor, estimated max. upward force	<input type="checkbox"/> I'm not sure <input type="text"/> <input type="checkbox"/> kg <input type="checkbox"/> lb
4	Do Rotors have their own shaft with journals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Both
5	Maximum Rotor Weight	<input type="text"/> <input type="checkbox"/> kg <input type="checkbox"/> lb
6	Minimum Rotor Weight	<input type="text"/> <input type="checkbox"/> kg <input type="checkbox"/> lb
7	(D) Maximum Swing Diameter of Rotors	<input type="text"/> <input type="checkbox"/> mm <input type="checkbox"/> in
8	Maximum Rotor Length	<input type="text"/> <input type="checkbox"/> mm <input type="checkbox"/> in
9	Minimum Rotor Length	<input type="text"/> <input type="checkbox"/> mm <input type="checkbox"/> in
10	(B) Maximum Distance between Journals	<input type="text"/> <input type="checkbox"/> mm <input type="checkbox"/> in
11	(B) Minimum Distance between Journals	<input type="text"/> <input type="checkbox"/> mm <input type="checkbox"/> in
12	Rotor Support Method	<input type="checkbox"/> Own Bearings <input type="checkbox"/> Journal Surface
13	(A) Maximum Journal Diameter	<input type="text"/> <input type="checkbox"/> mm <input type="checkbox"/> in
14	(A) Minimum Journal Diameter	<input type="text"/> <input type="checkbox"/> mm <input type="checkbox"/> in
15	(E) Minimum Journal Width	<input type="text"/> <input type="checkbox"/> mm <input type="checkbox"/> in
16	Maximum Moment of Inertia	<input type="checkbox"/> I'm not sure <input type="text"/> <input type="checkbox"/> kgm ² <input type="checkbox"/> lb ft ²
17	Operating Speed Range of Rotors	<input type="text"/> RPM
18	Max. Power Absorbed at Operating Speed	<input type="checkbox"/> I'm not sure <input type="text"/> <input type="checkbox"/> kW <input type="checkbox"/> hp
19	Roll Data: Maximum Balancing Speed for Rolls	<input type="text"/> <input type="checkbox"/> m/min <input type="checkbox"/> ft/min
20	Roll Data: High Internal Resistance? (Suction)	<input type="checkbox"/> Yes <input type="checkbox"/> No



Between Bearings

Overhung Rotor



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3. Balance Details

1	Number of Balance Planes	<input type="checkbox"/> One Plane	<input type="checkbox"/> Two Plane	<input type="checkbox"/> Both
2	Balance Tolerance Level – Amount/Grade Value and Units Required	<input type="text"/>	<input type="checkbox"/> ISO Grade <input type="checkbox"/> g-mm	<input type="checkbox"/> API <input type="checkbox"/> oz-in
3	Maximum Initial Unbalance	<input type="checkbox"/> I'm not sure	<input type="text"/>	<input type="checkbox"/> g-in <input type="checkbox"/> g-mm <input type="checkbox"/> oz-in
4	Number of Rotors to Balance in 8 hours	<input type="text"/>		

4. System Details

5	Available Electrical Mains Supply	<input type="text"/> AC Volts	<input type="text"/> Phase	<input type="text"/> Hz
6	Rotor Drive Type	<input type="checkbox"/> Belt	<input type="checkbox"/> End Drive	
7	Desired Drive Power Requirements	<input type="checkbox"/> I'm not sure	<input type="text"/>	<input type="checkbox"/> kW <input type="checkbox"/> hp
8	Balance Speed Control	<input type="checkbox"/> Variable Speed		
9	Instrument Type	<input type="checkbox"/> Portable	<input type="checkbox"/> Digital	<input type="checkbox"/> Computer
10	Printed Balance Certificates Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I'm not sure
11	Safety Device (see note below)	<input type="checkbox"/> None	<input type="checkbox"/> Perimeter Fence	

* Safety Device Note

Safety guards, enclosures or perimeter fences are required to meet relevant safety regulations. It is the buyer's responsibility to insure that the Balancing Machine has an adequate safety protection system before operating the machine.

5. Additional Information

Attach drawings, sketches, or pictures of rotors to be balanced, if available.	<input type="text"/>
If rotor is to be balanced in its own bearings, please attach details of bearings (Type, OD, Width, self aligning, etc.)	<input type="text"/>
Other information that may be helpful in determining the appropriate balancing system.	<input type="text"/>
Other additional System Requirements not listed above.	<input type="text"/>



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