

Trellcan Industrial AVS Questionnaire

Customer	Date
Contact	
Phone	Fax

TECHNICAL DATA FOR THE APPLICATION

Type of equipment _____

Environment for the application _____

Industrial
 Commercial
 ○ Stationary (e.g. living area, hospital, hotel, office)
 ○ Mobile

Shock loads Yes No

If yes, direction and magnitude _____

- Total supported weight: _____
- Number of mounting points: _____
- Position center of gravity, along a horizontal axis:
 - Centered
 - Offset, please present outline drawing and indicate eventual fix mounting points.
- Position center of gravity, vertically: _____ Above mountings(mm): _____
- Disturbing frequency range (e.g. rpm, Hz, strokes/min): _____
- Direction of vibrations: Vertical Horizontal Rotating
- Is a combustion engine installed in the machinery? Yes No

If yes, number of cylinders: _____ Four-stroke Two-stroke

Additional comments: _____

**Trellcan Industrial AVS
 recommendation:**

Date:

Sign:

Mounting type:

Number of mountings:

Degree of isolation: