

Mechanical Actuator Application Analysis Form

Duff-Norton engineers will be pleased to make recommendations for your specific requirements.
Complete this form and mail or fax it to the Duff-Norton Company. There is no obligation for this service.
Use a separate sheet to sketch your application, or send us your design drawings in complete confidence.
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Company: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

Contact: _____

Email Address: _____

1. Type of application: _____

2. How many actuator units are needed? _____

3. Stroke (Raise) / Unit: _____ **In.** _____

4. How many mitre gear boxes are needed? _____

5. Total working load: _____ **Working load per unit:** _____

6. Total static load: _____ **Static load per unit:** _____

7. Side thrust on lifting screw: Yes No _____ lbs.

Off-center load on lifting screw: Yes No _____ in. / lbs.

8. Operating Cycles: _____ **per hour** _____ **hours per day** _____ **days per week**

9. Life expectancy: _____ **in.** *(inches per cycle x cycles per hour x hours per day x days per years x years of service required)*

10. Lifting speed desired: _____ **in./min.** _____

11. Are controls required for your system: Yes No

12. Drive: Manual Motor-driven

13. Mounting Position **Limit Switch (pg. 121)** **Reducer* (pg. 112)**

*(On select models this is required to allow for proper lubrication of the gearbox.
Choose the option that most closely matches the actual installed position.)*

14. Load type: Guided Unguided Compression Tension Both compression & tension

15. Conditions: Vibration Impact Wet Corrosive Explosion Proof Other

16. Temp. Range: _____

17. Std. actuator model best suited to application: _____

18. Ultimate use of actuator units: In-plant Resale Lift people

19. Quotation desired on the following quantities: Total Per System