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Spindle Application Worksheet

Date: ___/___/___

Are There Separate Sheets for Sketches and Detailed Comments? No Yes, pages ___ Email to: Sales@FPS-Spindles.com

Name _____	Email _____
Company _____	Tel _____
Address _____	Cell _____
City _____	Fax _____
State _____	Zip Code _____

Customer Drawing No. _____	Quantity _____
Date Quote Needed ___/___/___	Spindle Delivery Date ___/___/___

Spindle Drive	Belt Driven	Motorized	Other _____
Spindle Type	Base Mount	Block Style	Cartridge Flange Cartridge Other _____

Application _____

Spindle Operation	Grinding	Milling	Turning	Drilling	Boring	Facing
Other _____	Axial Load _____ (LBS.)		Radial Load _____ (LBS.)			

Tooling Type _____	Tooling Sample Sent	Yes	No
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Spindle Rotation	Clockwise	Counterclockwise (<i>looking at nose end</i>)	RPM _____
Spindle Orientation	Horizontal	Vertical >	Nose Up Nose Down Angle _____ (degree from Horizontal)

Motorized Drive Specifications	H. P. _____	RPM _____	Volts _____	Cycle _____
Phase _____	T. E. L. C. _____	T. E. F.C. _____	T. E. N. V. _____	Other _____
Belt Driven Types	Flat Belt	'V' Belt	Poly 'V' Belt	Timing Belt Other _____

Bearing Lubrication	Grease Lube	Oil-Mist Lube	Air / Oil Lube
Seal Required	Rubber Seal	Air Pressure Seal	Other _____

Coolant Effect on Spindle	Corrosive Action	Excessive Coolant	Moderate Coolant
Excessive Foreign Material	Glass Powder	Vacuum	None Other _____ (explain in comments)

Accessories / Comments _____