

CASTER APPLICATION WORKSHEET

I. Please describe your application or problem:

(Note: fax drawing or blueprint if available)

II. Floor Surfaces and Conditions

A. Floor Surfaces:

Asphalt Brick Concrete Steel Hardwood Carpet Gravel

Other (describe): _____

B. Floor Surface irregularities:

Metal Scraps Water Threads Fiberglass Oil

Chemicals (specify): _____

Thresholds (specify): _____

C. Adverse Conditions:

Excessive heat: _____ °F How long? _____ minutes

Excessive cold: _____ °F How long? _____ minutes

III. Load Capacity and Equipment Evaluation

A. Maximum load on unit: _____ (lbs.) Number of casters per unit: _____

B. Total weight of unit: _____ (lbs.) Number of units: _____

C. Total load capacity: _____ (Sum of A [lbs.] + B [lbs.])

D. Overall size of unit: _____ (length) x _____ (width) x _____ (height)

E. Will unit transport or carry people? Yes No

F. Will unit be subject to shock loading? Yes No

G. Will unit be power towed? Yes No If yes, what speed? _____ m.p.h.

IV. Special Requirements

A. Caster height limitations _____ inches

B. Top plate size _____ (length) x _____ (width) Mounting hole space _____ x _____

C. Wheel brake required? Yes No Swivel lock? Yes No

D. Sanitary (NSF) application? Yes No

E. Stem mounting required? Yes No

If so, please specify:

Threaded Stem: Size _____ (threads per inch) _____ (length)

Tubular Mount: Gauge of tubing _____ (ca.) _____ (inside diameter)

Fax reply to:

Date: _____

Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have a salesperson call