

Screw Jack Application Worksheet



Company information:

Company: _____

Contact: _____

Email: _____ Phone: _____

Address: _____

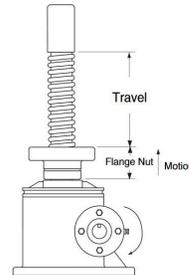
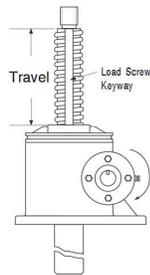
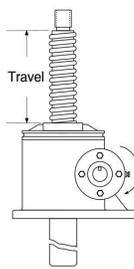
Please provide a brief description of your project: _____

Screw jack type and mounting configuration:

Orientation: vertical horizontal

Direction: upright inverted

Type: translating keyed translating rotating (traveling nut)



No. of screw jacks in the system:

single jack system multiple jack system (No. of screw jacks in the system): _____

What is your configuration? Please provide a drawing and screw jack center distances: _____

Application loads:

	Axial load			
	Total system		Per spindle	
	Dynamic [kN]	Static [kN]	Dynamic [kN]	Static [kN]
Compressive load				
Tensile load				

Load guidance:

fully guided partially guided not guided

Type of loading:

steady oscillating shock increasing vibrating

Stroke (travel distance) and travel rate:

Stroke [mm] [in]: _____ Lifting/lowering speed [mm/min] [in/min]: _____

Duty cycle:

Application information:

Usage per day in hours:	<input type="checkbox"/> 8	<input type="checkbox"/> 16	<input type="checkbox"/> 24	<input type="checkbox"/> _____
Working cycle: actual in	<input type="checkbox"/> sec	<input type="checkbox"/> min		
Lifting				
Lowering				
Idle				
Total cycle time				
ED (duty cycle) = operating time per cycle / cycle time [%]				
Cycles per working day				

Example:

Usage per day in hours:	<input type="checkbox"/> 8	<input type="checkbox"/> 16	<input type="checkbox"/> 24	<input type="checkbox"/> _____
Working cycle: actual in	<input checked="" type="checkbox"/> sec	<input type="checkbox"/> min		
Lifting	4			4
Lowering		2	2	4
Idle	10	10	12	32
Total cycle time				
ED (duty cycle) = operating time per cycle / cycle time [%]				
Cycles per working day				

Operational conditions:

Environmental temperatures [°F] [°C]: from _____ to _____
 dry humid dusty (define material): _____ other effects: _____

Adjustment:

manual motorized
 Have you already selected your motor? yes (please provide make and model): _____
 no (type of motor desired): _____
 Would you like Candy Controls to select a motor adapted to your application? yes no

Input form:

Single input configurations:

right shaft left shaft
 right flange left flange

Double input configurations:

double shaft
 right flange, left shaft left flange, right shaft

End of screw options:

top plate threaded end clevis end forked end plain end

Accessories:

steel protective tube rubber bellows handwheel other: _____
 connecting shafts couplings spiral bevel gearbox

Requirements:

Number of sets: _____ Quantity per year: _____
 Required delivery: _____

Feel free to provide any additional drawing of your application to help us assist you.

Thank you for your inquiry, time, and consideration of Candy Controls.