

SHOCK & VIBRATION APPLICATION WORKSHEET

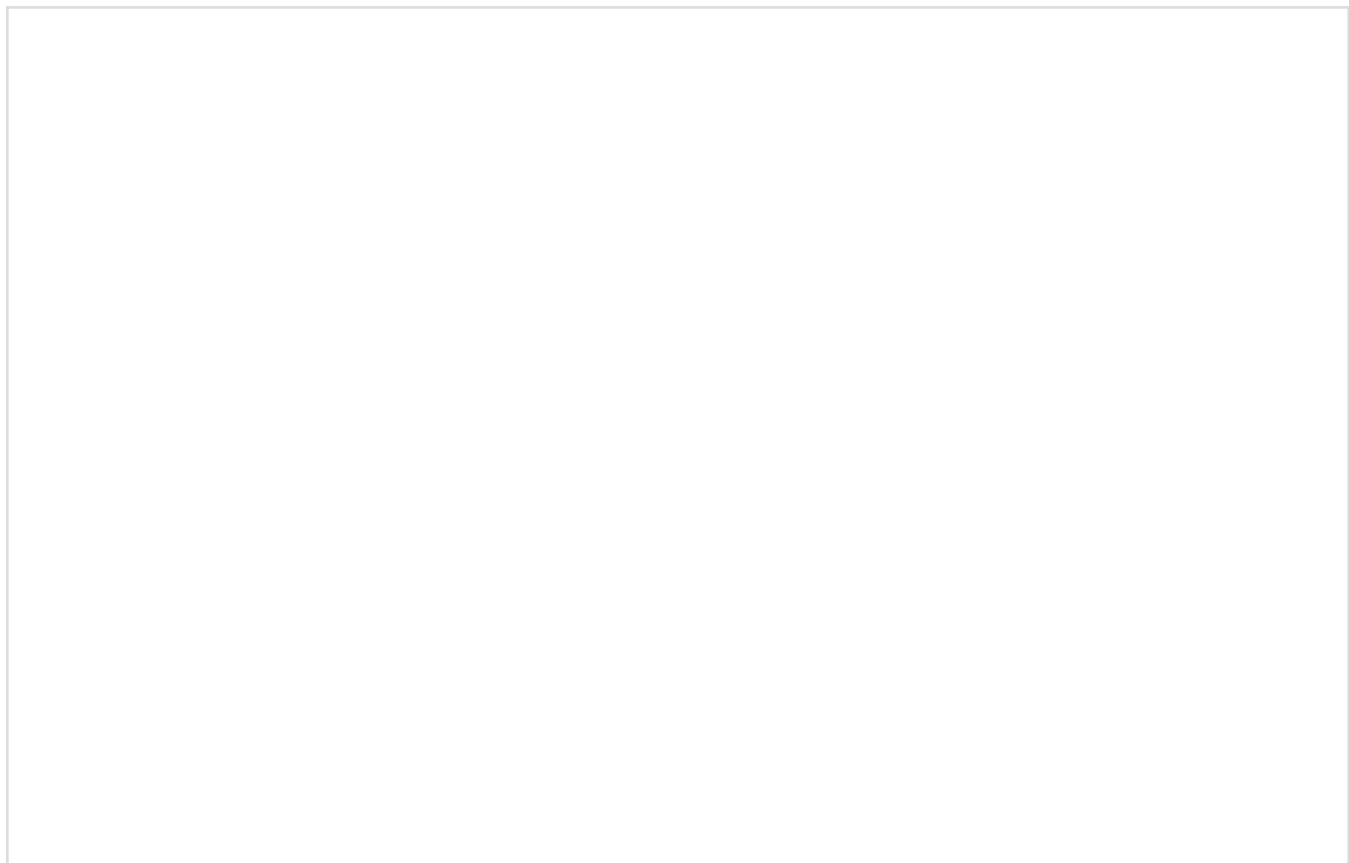
General Application Data Form

Photocopy, fill out and fax to Barry Controls: (508) 417-7224 or email to Sales@BarryControls.com

Name	_____
Title	_____
Company	_____
Email	_____
Address	_____
City	_____
State	_____ Zip
Phone	_____
Fax	_____
Date Reply Required	_____

Describe application (nature of equipment, problems, particular requirements, applicable specifications, etc.)

Provide sketch of equipment, including relevant dimensions, CG location, and mounting locations. Use additional sheets if necessary.



SHOCK & VIBRATION APPLICATION WORKSHEET

Engine Isolation Data Analysis Form

Photocopy, fill out and fax to Barry Controls: (508) 417-7224 or email to Sales@BarryControls.com

Name _____

Title _____

Company _____

Email _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Date Reply Required _____

ENGINE (Make & Model) _____

of Cylinders _____

Operating Speed Range _____ Idle _____

2 Stroke 4 Stroke Firing Order _____

TRANSMISSION, GENERATOR OR PUMP (Make & Model) _____

WEIGHTS

Engine (wet) & Flywheel _____

Trans., Gen. or Pump _____

MOMENTS OF INERTIA (About Composite C.G.)

1 roll _____

1 yaw _____

1 pitch _____

Provide sketch of equipment, including relevant dimensions, CG location, and mounting locations. Use additional sheets if necessary.

