

Questionnaire for dimensioning hose reels

1. Type of application: _____

2. Reel type:

Single-port hose reel

Two-port hose reel

Three-port hose reel

3. Application:

Horizontal unwinding

Vertical unwinding

Pulleys YES NO

Stationary reel YES NO

Stationary feed YES NO

Haul-off direction when viewing the mounting flange

left (default) right

4. Feed:

Centre feed

End feed

5. Installation height of the drum(s): _____

6. Mounting flange:

Angle bracket

Plate

7. Hose length: _____

8. Adapters/connections:

Inlet adapter	Earth connections
<input type="checkbox"/> 10 L	<input type="checkbox"/> M 16 x 1.5 mm
<input type="checkbox"/> 12 L	<input type="checkbox"/> M 18 x 1.5 mm
<input type="checkbox"/> 15 L	<input type="checkbox"/> M 20 x 1.5 mm
<input type="checkbox"/> 12 S	<input type="checkbox"/> M 22 x 1.5 mm
<input type="checkbox"/> 16 S	<input type="checkbox"/> M 24 x 1.5 mm
<input type="checkbox"/> Inch thread	<input type="checkbox"/> Inch thread

9. Hose quality:

Operating pressure up to 275 bar

Operating pressure up to 240 bar

NW 10 / SAE 100 R 8

NW 12 / SAE 100 R 8

10. Number of work cycles / day: _____

11. Ambient temperature:

min. _____ max. _____

12. Ambient conditions:

Dust _____ Air humidity _____

13. Special considerations: _____

14. Accessories:

Pulley/guide roller

Guide arm

Closed roller die

15. Remarks:

Contact data of the customer / Address for offer

Company: _____

Customer number: _____

Dept. / attn: _____

Address: _____

Tel.: _____

Fax: _____

E-mail: _____

Please send the completed questionnaire to:
+49 (0)40 / 87 08 59 78 - 9

How may we contact you after we have received your fax?

Telephone Fax E-mail