

Formular

AXS 03 F4 Checklist – Metering System

| | | | | |
|-----------------------------|------------------------------------|---|--|--|
| Customer | | No. | | |
| Name: | | Address: | | |
| Phone: | | Fax: | | E-Mail: |
| Person to contact: | | Name: | | Dep. |
| Description: | | | | |
| Lubricant: | | | | |
| Manufacturer: | | | | |
| Penetration | | NLGI | | |
| Apparent viscosity | | | | mPa.s |
| Container: | | | | |
| Contents: | | | | kg |
| Measurements: | | Inside Ø on top | Inside Ø bottom | Inside height |
| Energy | | | | |
| Air (bar or psi) | | | | |
| Electricity | | | | Volt |
| Metering | | | | |
| Amount | | | | cm ³ / stroke |
| Quantity of metering valves | | | | |
| Cycle time | | | | |
| Control | | | | |
| Operating method | <input type="checkbox"/> Handvalve | <input type="checkbox"/> Footvalve | <input type="checkbox"/> Electricalvalve | <input type="checkbox"/> other |
| Hoses | | | | |
| Quantity | | Lenght | | |
| Nozzles | | Drawing | | |
| Remarks | | | | |
| | | | | |
| Shipping | | <input type="checkbox"/> Complete assembled | | <input type="checkbox"/> only Components |
| Place, Date: | | Signature | | |