

Antivibratory suspension Survey

We make it **possible**

Date :

Company :

Address :

Tel.: Mail :

Contact : Function :

Technical informations

1. Application :

Type of machine :

Stationary application

Embedded application

The supports will work in

- compression (straight)
- shear (lateral)
- traction (suspended from the ceiling)

2. Weight of the machine :

Total weight :Kg

Number of mounting points :

Is the gravity center centered? Yes No

If no, position of the gravity center :

3. vibration and / or shock of the equipment :

Machine rotation speed :

Minimum : tr/min Normal : tr/min Maximum : tr/min

For shock machines, indicate the rate : knock/min

4. Environment :

Outdoor mounting or indoor mounting

Ambient temperature°F

Presence of liquid : Yes No

If Yes precise :

Please attach this form to your [contact request](#) or email it to your address
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