

Special Design Worksheet

Can't find it in our catalog? Need a special design? We want to try to get the job done. Let us do it for you! The process is as easy as 1, 2, 3.

1. Make a copy of this page.
2. Write in the answers to the questions on the copy you made.
3. Fax the copy with your answers and any available sketches to us.

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in consultation with our recommendations.

APPLICATION DESCRIPTION

Name _____ Company _____
 Address _____ Telephone _____ Fax Number _____

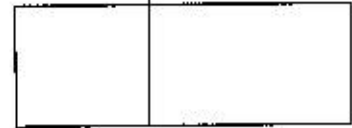
1. Please describe the design goals of this caster application. (Check all that apply.)

- A. Move product or equipment
- B. Absorb shock, protect product or equipment
- C. Absorb shock or application stresses, protect cart
- D. Reduce maintenance
- E. Employee concerns: Safety, noise, rollability
- F. Provide precision running gear
- G. Fit unique package or mode of operation

2. Estimated total load to be moved, including weight of cart _____ OR 2a. Load per caster _____

3. Number of casters to be used on equipment _____ OR 3a. Swivel series _____

4. Desired mounting pattern. Draw wheel locations on cart outline below.



5. Overall height (if limited) _____

6. Mounting bolt pattern (if fixed) _____

7. Wheel Brake None Hand Activate Foot Activated (Please describe) _____

8. Position swivel locks None One Position Two Position Four Position

Please draw in the location of the lock and indicate the direction of travel in the locked position.



9. Manual or Mechanical movement (Check one) 9a. Wheel type _____
 Greater Speed _____

10. Type of floor most commonly moved over _____ 10a. Wheel size _____

11. Describe floor conditions _____ 11a. Single Dual

12. Operating temperature range _____ 12a. Bearing type _____

13. Size of equipment to be moved _____ Lx _____ Wx _____ H

14. Unusual conditions Water? Steam? Heat? Chemicals? Others? (Please describe) _____

15. If you checked 1B., 1C. or otherwise feel that a shock absorbing caster is needed:

- What is the maximum load expected _____
- What is the maximum deflection expected (obstacles encountered) _____
- What is the acceptable sweep clearance radius (if limited) _____
- Any other operating criteria _____

Please describe any other condition that you feel may be helpful or would be considered in selecting and designing a caster for your application.

If you are presently using a caster that is not performing satisfactorily, please describe the size and type of caster you are using and the problem you are having.
