
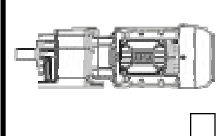
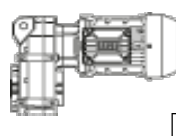
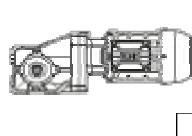



ATEX-inquiry form for geared motors

Company: Number: Address: City: Contact: Tel.: E-Mail:					
Product-selection:	Helical gear  <input type="checkbox"/>	Parallel shaft gear  <input type="checkbox"/>	Helical bevel gear  <input type="checkbox"/>	Helical worm gear  <input type="checkbox"/>	Remarks:
Input-type:	Geared motor: <input type="checkbox"/>	IEC gear unit: <input type="checkbox"/>	IEC gear unit with motor: <input type="checkbox"/>		
Quantity:	Hollow shaft: <input type="checkbox"/>		Protection cap: <input type="checkbox"/>		
Mounting pos.:	Output shaft: <input type="checkbox"/>		Fixing kit: <input type="checkbox"/>		
Flange:	Shrinc disk: <input type="checkbox"/>		Rubber buffer: <input type="checkbox"/>		
Drive data:	Preferred type: Motor power: _____ kW Motor speed: _____ rpm Motor frame size: Voltage: Insulation class: Protection class: Operation mode: S1 <input type="checkbox"/> or Ambient temp. if > +40°C or < -20°C: _____ °C Ratio: Output speed: _____ rpm Output torque: _____ Nm Service factor (min:1,0) Required bearing lifetime: _____ h		ATEX data:	Frequency inverter: <input type="checkbox"/> Range (max 80Hz): _____ Hz DOL: 50Hz <input type="checkbox"/> 60Hz <input type="checkbox"/> Ex gas protection: Zone 1 (II 2G) <input type="checkbox"/> Zone 2 (II 3G) <input type="checkbox"/> Temperature class: T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> Gas group: IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIC <input type="checkbox"/> Ex dust protection: Zone 21 (II 2D) <input type="checkbox"/> Zone 22 (II 3D) <input type="checkbox"/> Surface temperature: 120°C <input type="checkbox"/> 140°C <input type="checkbox"/> Dust group: IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IIIC <input type="checkbox"/>	
Oil:	Synthetic oil: <input type="checkbox"/> Mineral oil: <input type="checkbox"/> Food grade oil: <input type="checkbox"/>				
Brake:	Holding brake: <input type="checkbox"/> Working brake: <input type="checkbox"/> Brake torque: _____ Nm Brake voltage: _____ V Number of starts: _____ /h		Customer language: End user language:		
Radial force:	Radial force on the output shaft: _____ N Distance to shaft shoulder: _____ mm				
Painting:	RAL: Layers: not painted <input type="checkbox"/> LC2 <input type="checkbox"/> LA0 <input type="checkbox"/> LC3 <input type="checkbox"/> LC1 <input type="checkbox"/> LC4 <input type="checkbox"/> LC5 <input type="checkbox"/>		Date: _____ Signature: _____		