

APPLICATION DATA SHEET

Please answer all applicable questions
(Cross out designation that does not apply, ex: _____extend/CW)

1. TYPE OF APPLICATION

Type of equipment the Kerry Actuator is to operate:
(flop gate, slide gate, butterfly valve, damper, carriage, side guides, radar-dish, heat hood, etc.)

Size of device: _____
Means of connecting Actuator to device (ex: lever) _____
Type of material that the actual device will be in contact with: (ex: coal, slurry, hot air) _____

2. PHYSICAL DATA

A. Force/Torque _____ Pounds(Push/CW) _____ Pounds(Pull/CCW) _____
B. Stroke(length of movement) _____ Rotation(in Degrees) _____
C. Speed or duration of movement: _____ D. Total time for one stroke: _____ (sec.)
(inches/sec. or degrees/sec.)
Extend/CW speed _____ Extend/CW time _____ (sec.)
Retract/CCW speed _____ Retract/CCW time _____ (sec.)
E. Negative Load
Application has a negative load? No _____ Yes _____ Extend/CW _____ Retract/CCW _____
F. Orientation of Unit: Horz. _____ Vert. _____ Rod/Shaft Up _____ Rod/Shaft Down _____

3. FREQUENCY OF MOVEMENTS

Maximum number of complete cycles. Per hour _____ Per day _____

4. ABSOLUTE LOCK IN POSITION

No _____ Yes _____ Duration _____

5. MOUNTING

Rod/Shaft End: _____ Male Clevis _____ Threaded _____
Female Clevis _____ Spherical Eye _____ Other(specify) _____
Body Mount by: Trunnion _____ Foot _____ Eye to Eye _____
Front Flange _____ Other (specify) _____

6. POWER SUPPLY

Motor: Voltage _____ Frequency _____ Phases _____ Enclosure _____

7. SURROUNDING CONDITIONS (Note conditions)

Ambient temperature range: _____ Outdoor _____ Indoor _____
Corrosive Chemicals, etc. (describe) _____
Shocks or Vibrations: Mild _____ Moderate _____ Severe _____ None _____

8. OPTIONAL ACCESSORIES

Trunnion/Mounting Brackets _____ Position Feedback _____ Type _____
Limit Switch _____ No. Positions _____ No. Contacts _____
MPO-1Q Manual Pump _____ Built-In Man. Pump _____ PC-502 Position Controller _____
Motor Starter Panel _____ Elec.Const. _____ Position Indicator _____
Fail Safe: _____ Other: _____

9. PLEASE ATTACH SKETCH OR DRAWING OF APPLICATION IF POSSIBLE.

CONTACT

Company Name: _____ Phone: _____
Address: _____ Person to Contact _____
Fax: _____

IF YOU SHOULD HAVE ANY QUESTIONS PLEASE CONTACT US AT OUR OFFICES
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