



ENQUIRY SHEET FOR TELESCOPIC COVERS

COMPANY.....

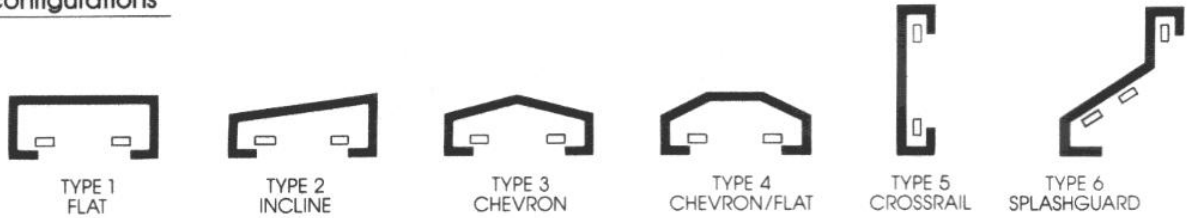
ADDRESS.....

CONTACT NAME..... DEPARTMENT.....

TEL No..... FAX No..... TELEX.....

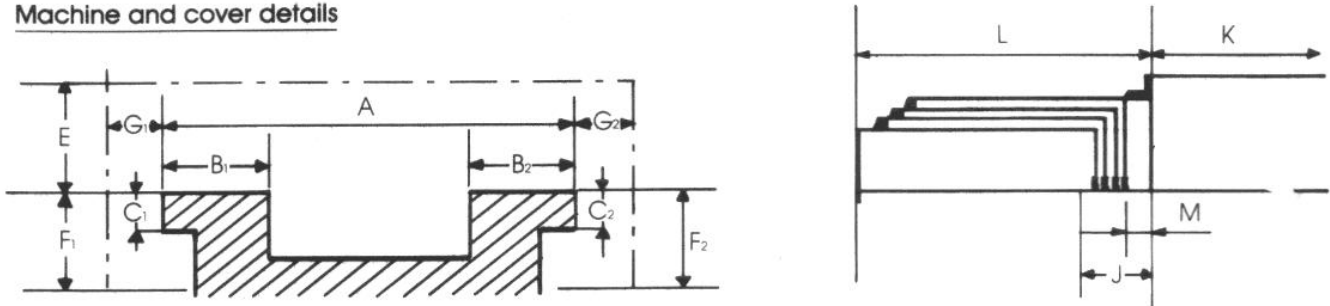
CUSTOMER DRAWING REF:.....

Typical configurations



Position of cover on machine:- Horizontal bedway Vertical column
 Crossrail Incline slideway

Machine and cover details



Machine Details	Cover Details
A Width over slideways _____ mm	Type of cover configuration. Type _____
B ₁ Width of L.H. way _____ mm	K Stroke required including over run _____ mm
B ₂ Width of R.H. way _____ mm	L Minimum closed length _____ mm
C ₁ Depth of L.H. way _____ mm	L Maximum open length (L Min + K) _____ mm
C ₂ Depth of R.H. way _____ mm	M Distance to clear fittings _____ mm
E Height above slideway _____ mm	Special material requirements _____
F ₁ Depth below L.H. way _____ mm	_____
F ₂ Depth below R.H. way _____ mm	_____
G ₁ Width to L.H. of slideway _____ mm	
G ₂ Width to R.H. of slideway _____ mm	
J End of saddle to end of ways _____ mm	
Maximum speed of traverse _____ M/Min	
	FC. REF. ONLY
	Number of sections = ____ x _____
	Brass/Polyurethane or Roller Guides
	Other special requirements. _____

ENQUIRY No. _____