



Brake Application Information

Submit Via Email: engineering@machiii.com, Fax: 859-655-8362
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Please provide as much information as known and, if possible, submit a sketch of the drive system.
For Engineering Assistance: US Toll Free 866-291-0849, Outside USA +1 859-291-0849

Name: _____ Date: _____
 Title: _____ Phone: _____
 Company: _____ Email: _____

1. Unit is needed For: New Machinery Retrofit - to replace (Mfg., Model): _____

If Retrofit, why is current model being replaced? _____

2. Environmental Conditions - Check ALL that apply:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Indoor | <input type="checkbox"/> Indirect Wash-down | <input type="checkbox"/> Clean Room | <input type="checkbox"/> Marine |
| <input type="checkbox"/> Outdoor – Totally Exposed | <input type="checkbox"/> Oil Contamination | <input type="checkbox"/> Medical Mfg. | <input type="checkbox"/> Sub Sea |
| <input type="checkbox"/> Outdoor – Enclosed | <input type="checkbox"/> Particulate Contamination | <input type="checkbox"/> Pharmaceutical Mfg. | <input type="checkbox"/> Food Handling/Grade |
| <input type="checkbox"/> Direct Wash-down | <input type="checkbox"/> Condensation | <input type="checkbox"/> Explosive Substances | |
| <input type="checkbox"/> Other: _____ | | | |

3. Temperature Range of the destination environment: Minimum _____ (° F / ° C) Maximum _____ (° F / ° C)

4. Brake Mounting:

- Flange Mount Shaft Size _____ (in / mm) Keyway: Standard or Other: _____ (in / mm)
- Through Shaft Shaft Size _____ (in / mm) Keyway: Standard or Other: _____ (in / mm)
- NEMA or IEC Frame Size/Type _____

5. Orientation of the shaft on which the brake will be mounted: Horizontal

Vertical

6. Brake Actuation Required: Air Engaged (Brake is engaged when air pressure is applied)

Spring Engaged (Brake is engaged when air pressure is exhausted)

7. Brake Function: Stopping Stop Time _____ Seconds, Inertia Stopped _____ (lb.ft² / kg.m²)

Holding Required Torque _____ (lb.in / lb.ft / Nm)

8. Is a low backlash drive required? _____ If yes, state the maximum tolerance _____ Degrees

9. Motor Specs: HP _____ RPM _____ If not electric, please specify type here: _____

10. RPM at Brake: _____ RPM

11. Cycle Rate: _____ X Per Minute

12. Operating Air Pressure Restrictions (if any): Minimum _____ PSI Maximum _____ PSI

13. Space Restrictions: Maximum Length _____ (in / mm) Maximum OD _____ (in / mm)