

BLDC SPECIFICATION SHEET

COMPANY _____ CONTACT _____
 ADDRESS _____ PART OR DRAWING NUMBER _____
 _____ ESTIMATED ANNUAL USAGE _____
 PHONE _____ FAX _____ E-MAIL _____

Application

- a. Customer application _____
- b. What mechanism is the motor driving in the application? _____
- c. (New / Existing) If existing, who is the current supplier? _____ Is unit available for test? (Yes No)
- d. Are there any problems or concerns with the existing supplier's motor? _____

Performance Requirements:

- a. Rated Voltage _____ b. Voltage Range: _____
- c. Output torque est. by **Select one** d. Start Torque **Select one** e. Run Torque **Select one**
- f. RPM at No Load _____ g. RPM at Load _____ h. Will gearmotor be stalled? Yes No

Environment

- a. Ambient temp. _____ b. Humidity level _____ c. Degree of Protection(IP) _____
- d. Heatsinking? _____ e. Thermal resistance of heatsink _____ f. Autoclavable? _____
- g. Anything else we should know about the location of our motor within the application? _____

Duty Cycle/Life (< 25% 25% 50% 75% Continuous Other) Define other _____

- a. Standard duty cycle _____ ON **Select one** _____ OFF **Select one**
- b. Most demanding _____ ON **Select one** _____ OFF **Select one**
- c. Minimum life required _____ in cycles _____ in hours **note: both required**

Power Supply

- a. Rated voltage: _____ b. Maximum current limit _____ c. Is the supply filtered? (Yes No)
- d. Supply type: (Switched Mode Transformer, bridge, cap, linear regulator battery) Frequency: _____ kHz

- Overhung Load** (Yes No) How much? _____ lbs. Distance from mounting surface _____
- Axial Thrust Load** (Yes No) How much? _____ lbs. (Push-in Pull-Out Both)

Output Shaft Requirements

- a. Shaft OD _____ b. Direction of rotation (CW CCW) Viewed from Cover Side Motor side
- c. Shaft Detail Flat Tongue Woodruff Key Hole Keyway Slot
- d. Extension from mounting surface Cover Side _____ Motor Side _____

Agency Requirements: UL CSA CE RoHS Other If other, please list: _____

Sound / Vibration Requirements _____ Method of test _____

Gear Box Selection Select ratio from catalog list _____

EMI / RFI Considerations Emissions Type: (Conducted Radiated Both)

Agency Requirements: UL CSA CE RoHS Other If other, please list: _____

Feedback Requirements: Yes No

Encoder Hall Effect Optical Channels 1 2 Line Driver Index Pulse _____ PPR _____

Motor Driver Requirements

- a. Motor driver (amplifier required) (Yes No)
- b. Type of Motor Speed Control **Select one**
- c. Closed Loop **Select one**
- d. Is reverse direction required? (Yes No)
- e. Is integral electronics required? (Yes No)
- f. Special Control Requirements (Braking Soft Start Current Limit)

Mounting Position: Indicate orientation in your application as shown below: **Select one**

