

Selection Form Hoisting Machine

Requested Date _____

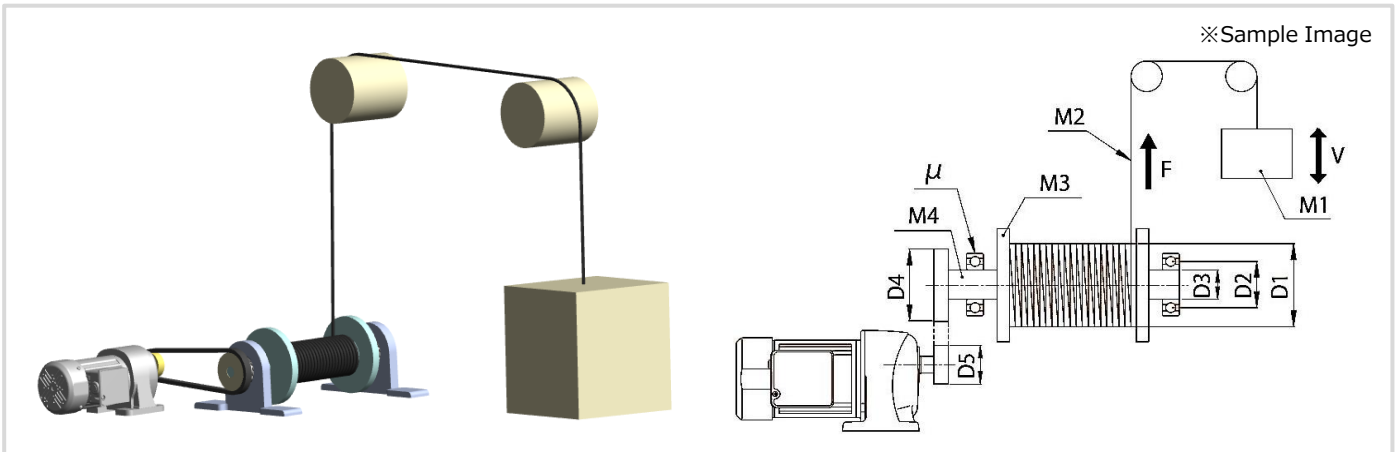
Please check the corresponding item in

Select gearmotor series ※If you are unable to make a selection, please leave it blank.

- Induction Gearmotor(MID series / MINI series) IPM Gearmotor(Speed Control Type)
 Battery-powered Type Gearmotor(DC12V/24V/48V) Requested Model { _____ }
※If you already know the mode number, please enter that in { _____ }.

Output shaft type selection ※If you are unable to make a selection, please leave it blank.

- Parallel Shaft (G3, G type) Right Angle Shaft (H2, H type) Hollow Shaft (FS, F2, F3 type) Solid Shaft (FF, F2, F3 type)



Operating Condition ※Leave the field blank if you are not sure

- Elevating Speed $V =$ mm/s
- Weight of the Work $M1 =$ kg
- Weight of the winding material $M2 =$ kg
- Weight of the winding drum $M3 =$ kg
- Weight of the rotating shaft $M4 =$ kg
- Outer diameter of the winding drum $D1 =$ mm
- Pitch circle diameter of the rolling element bearing $D2 =$ mm
- Outer diameter of the rotating shaft $D3 =$ mm
- P.C.D. of Driven Side Sprocket $D4 =$ mm
(Timing Pulley, Gear) ※Not required for direct coupling
- P.C.D. of Drive Side Sprocket $D5 =$ mm
(Timing Pulley, Gear) ※Not required for direct coupling
- Tension (external force) $F =$ N
※Applied force other than weight of work M1 (1kgf=9.8N)
- Friction Coefficient of the Bearing $\mu =$
- Repeated Stopping Accuracy ※Enter only if necessary.
 \pm mm (travel distance equivalent)
- Power 3-phase 1-phase Battery(DC)
 V Hz
- Start/Stop Frequency Times / Minute Hour Day
- Brake with without
- Inverter with without
※Check this box only for induction gearmotors.
- Other operating conditions such as cycle time

CS center Technical Support Desk
E-mail : tech-cs@nissei-gtr.co.jp

Customer Information

Company Name _____	Address _____
Department _____	Phone Number _____
Job Title _____	FAX Number _____
Name _____	E-mail _____
Purpose of Selection <input type="checkbox"/> New Facility <input type="checkbox"/> Replacement <input type="checkbox"/> Change model <input type="checkbox"/> Others{ _____ }	
Type of Industry <input type="checkbox"/> Conveyor <input type="checkbox"/> Food Processing Machine <input type="checkbox"/> Machine for Agriculture or Fisheries <input type="checkbox"/> Tooling Machine <input type="checkbox"/> Packaging Machine <input type="checkbox"/> Printing·Paper Converting Machine <input type="checkbox"/> Special Machine <input type="checkbox"/> Construction Machine <input type="checkbox"/> Electrical and Electric Equipment <input type="checkbox"/> Medical Equipment <input type="checkbox"/> Design Office <input type="checkbox"/> Trading Company <input type="checkbox"/> Others{ _____ }	

Notice Please note that we may send you separate message after registering your information we have obtained through customer inquiries.
Please let us know anytime if you want us to delete your information from our system.