

QUOTE NUMBER
ASSIGNED BY HYDROMOTION



PART NUMBER
ASSIGNED BY HYDROMOTION

85 East Bridge Street • Spring City, PA 19475 • (610) 948-4150 • Fax: (610) 948-6733

**FUNCTIONAL SPECIFICATION
SWIVEL PRODUCT SPECIFICATION QUESTIONNAIRE**

Please complete the following functional specification form and
FAX IT TO (610) 948-6733

This will help Hydromotion to properly evaluate your new product and application requirements. Please answer questions as thoroughly as possible. It is not necessary to be brief. Also, please add any other items that you feel are appropriate to your particular application. A Hydromotion application engineer/designer should discuss the particulars of your application to insure that your requirements are met.

A SKETCH or DRAWING is very helpful. Please send one, if it is available. Thank you.

Company Name	
Engineering Contact Name	
Phone Number	
FAX Number	
E-mail Address Confirmation will be sent to this address.	
Description of Application	
Is the application for a new swivel design or a replacement swivel design?	
Other special application requirements	
Prototype delivery date required (SEE ABOVE)	
Estimated annual usage	
Target Price (NOT MANDATORY)	


HYDRAULIC / OTHER LIQUIDS & GASES	APPLICABLE <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>
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If there are pressure spikes, what is (are) the maximum values (PSI?)	
Will the swivel experience rapid pulsating / hammering? (attachment of hydraulic tools, non-standard operating cycles, etc.)	
If there is a relief valve, what pressure is it set to?	
Fluid Cleanliness ISO Level Required (particles / millileter: 2 or 3 number – set code)	
Is there a return line?	

PORT #	MEDIA	PRESSURE (PSI)	ROTATING UNDER PRESSURE (YES / NO)	FLOW (GPM)	SIZE	FUNCTION
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

For more than 20 ports, add additional page(s.)

PHYSICAL CHARACTERISTICS					
If possible, please provide a sketch to clarify the following information. (FAX: (610) 948-6733)					
What is the mounting / turning method?					
Port layout – where do the ports need to be located (i.e. angles / lengths from end, etc.)					
What is the final orientation of the center stem (body) to the casing (housing) for ease of installation.					
THROUGH HOLE					
THROUGH HOLE <input type="checkbox"/> YES <input type="checkbox"/> NO DIAMETER (inches) _____ CENTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
PURPOSE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WATER <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> OTHER					
MOTION What is the operational RPM? _____					
SELECT <input type="checkbox"/> OSCILLATING <input type="checkbox"/> INDEXING <input type="checkbox"/> RANDOM <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> CW <input type="checkbox"/> CCW					
TEMPERATURE (°F)					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">SWIVEL</td> <td style="text-align: center;">OUTSIDE</td> </tr> <tr> <td style="text-align: center;">OPERATING: LOW _____ HIGH _____</td> <td style="text-align: center;">AMBIENT: LOW _____ HIGH _____</td> </tr> </table>		SWIVEL	OUTSIDE	OPERATING: LOW _____ HIGH _____	AMBIENT: LOW _____ HIGH _____
SWIVEL	OUTSIDE				
OPERATING: LOW _____ HIGH _____	AMBIENT: LOW _____ HIGH _____				
Restriction in length or diameter of swivel					
Other restrictions relative to swivel size					
Environmental conditions which may affect the swivel					
Is the center stem (body) or casing (housing) held stationary? To avoid side load conditions and premature wear, one end of the swivel must float					
Is the swivel mounted manifold (body fluid outlet end) up or down?					
Are cap plugs or special plugs required for final shipping/storage?					
Paint or finishing requirements standard finish is black enamel					
Are there any special packaging requirements?					
Are there any special shipping instructions?					

ELECTRICAL CIRCUITS								APPLICABLE <input type="checkbox"/>
								NOT APPLICABLE <input type="checkbox"/>
POSITION SENSING SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO								i.e., radially locating the orientation of boom
CIRCUIT #	GAUGE	LENGTH IN	LENGTH OUT	COLOR	VOLTS	AMPS	CONNECTOR STYLE (OR N/A)	FUNCTION
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								

For more than 24 circuits, add additional page(s.)