rothe erde® Slewing Ring Questionnaire

thyssenkrupp

Company	
Name	Title
Address	Phone
	e-mail
Country	Fax
Project name	Date

Application

_____

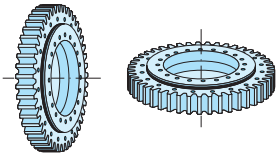
_____

☐ New Application

☐ Military Application

Axis of rotation

☐ Horizontal ☐ Vertical ☐ Alternating



Rotating Race

☐ Outer Race Rotates (Inner Race Stationary)

☐ Inner Race Rotates (Outer Race Stationary)

Movement

☐ Oscillating ☐ Primarily Unidirectional

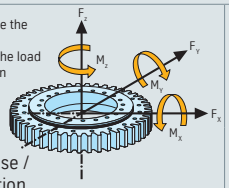
Slewing Angle Range

Limited to:_____ (degrees) or ☐ Not Limited

Maximum Rotational Speed

_____ [min-1] (rpm)

Bearing loads (Load information according to system of coordinates in relation to the rotating ring)

Please note the sign with regard to the load information  Load case / description	Axial load Fz ☐ kN ☐ lbs	Radial load Fx ☐ kN ☐ lbs	Radial load Fy ☐ kN ☐ lbs	Tilting moment Mx ☐ kNm ☐ ft-lbs	Tilting moment My ☐ kNm ☐ ft-lbs	Bearing turning torque Mz ☐ kNm ☐ ft-lbs	Speed n [min^{-1}] (rpm)	Rotational Operating Duty (% of Total Time)* [%]	Required Number of Cycles at each load case*
1									
2									
3									
4									
5									
6									
7									
8									
9									

Clarify mounting surfaces compressed when values entered for Fz are: ☐ Positive (+Fz) or ☐ Negative (-Fz)

No. of drives _____ For additional gear details, please complete Annex B. ☐ Annex B is enclosed.

Gear ☐ gearless ☐ external ☐ internal

For continuous rotation, additional load cases and B10 life requirements, please complete annex A. ☐ Annex A is enclosed.

Remarks (e.g. special environmental conditions):

Existing or chosen bearing per drawing No.:

Maximum Raceway Diameter _____ ☐ mm ☐ inch Minimum Raceway Diameter _____ ☐ mm ☐ inch

For additional dimensional constraints, please complete Annex C. ☐ Annex C is enclosed.

Please fully complete this form. Incomplete information may delay processing.

*For continuous rotation, enter the Rotational Operating Duty. For slewing, enter the Required Number of Cycles.

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Questionnaire - Annex A

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Load case / description	Axial load Fz ☐ kN ☐ lbs	Radial load Fx ☐ kN ☐ lbs	 Fy ☐ kN ☐ lbs	Tilting moment Mx ☐ kNm ☐ ft-lbs	 My ☐ kNm ☐ ft-lbs	Bearing turning torque Mz ☐ kNm ☐ ft-lbs	Speed n [min^{-1}] (rpm)	Rotational Operating Duty (% of Total Time)* [%]	Required Number of Cycles at each load case*
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

For continuous rotation:

Required B10 life _____ ☐ Hours ☐ Revolutions

For slewing:

Required service life based on sum of required number of slewing cycles with 1 cycle defined as:

☐ one complete revolution

☐ one slewing angle movement of _____ degrees

☐ one back-and-forth slewing angle of _____ degrees each way

*For continuous rotation, enter the Rotational Operating Duty. For slewing, enter the Required Number of Cycles.

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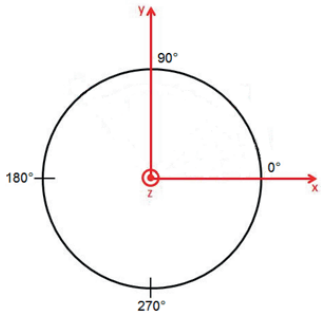
Gearing geometry	☐ Spur gearing	☐ Helical gearing	
	Pinion	Gear ring	
Gear size			☐ Module ☐ DP
Pressure angle (α)*			[degrees]
Helix angle (β)**			[degrees]
Right / left hand orientation **			
Number of teeth (z)			
Addendum modification (xm)			☐ mm ☐ inch
Addendum reduction (km)			☐ mm ☐ inch
Tooth face width (b)			☐ mm ☐ inch
Quality			

Pinion drawing available ☐ yes ☐ no Please include pinion drawing if available.

Arrangement of drives:

Pinion	Pos. [°]
1	
6	
3	
4	
5	
6	

Load information according to system of coordinates in relation to the rotating ring



Additional details

* If different from 20 degrees
** For helical gear only

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Questionnaire - Annex C

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Space limitations	
Preferred Raceway Diameter	☐ mm ☐ inch
Preferred OD	☐ mm ☐ inch
Maximum OD	☐ mm ☐ inch
Preferred ID	☐ mm ☐ inch
Minimum ID	☐ mm ☐ inch
Preferred Height	☐ mm ☐ inch
Maximum Height	☐ mm ☐ inch

Bolts	Outer Race Mounting Holes	Inner Race Mounting Holes	Location of Grease Ports	Seals
☐ Metric only	☐ Thru	☐ Thru	☐ Outer Race OD	☐ Required
☐ SAE only	☐ Thru & Counterbored	☐ Thru & Counterbored	☐ Outer Race Mounting Surface	☐ Not Required
☐ Metric or SAE	☐ Tapped	☐ Tapped	☐ Outer Race Non-Mounting Surface	
	☐ Tapped & Counterdrilled	☐ Tapped & Counterdrilled	☐ Inner Race ID	
	☐ No Preference	☐ No Preference	☐ Inner Race Mounting Surface	
			☐ Inner Race Non-Mounting Surface	

☐ I would like to receive monthly e-newsletters.

Clear form