Product Recommendation Information Sheet

Arm Drive	
■ Desired Product ● If you have no desired product, leave the applicable fields blank. We will call you if necessary.	
Desired Motor(s)	
□ Q STEP □ Stepper Motor □ Servo Motor □ Electric Actuator □ Brushless Motor	
□ AC Motor □ Others	
Desired Controller	
Oriental Motor controller Use positioning function of another company's PLC, programmable controller, etc.	
If you wish to use a product from another company, enter the manufacturer name and the product name.	
Manufacturer name: Product name:	
Drive Mechanism Specifications ● If in doubt, leave the applicable fields blank. We will call you if necessary.	
Rotating Body Dimensions Rotating Body Dimensions	<u>dy</u>
Width	
● Vertical	1
● Eccentricity Volume ····· e = mm	
● Rotating Body Thickness ······ C = mm	J
■ Rotating Body Mass or Material $m = kg$ or material \rightarrow Primary Side Pulley	
● Position of Mechanism	
O Horizontal Plane Rotation Thickness CT Center of Rotation Center of Rotation	er of Gravity
O Vertical Plane Rotation Vertical B Vertical B A Thickness C	
Please enter if you use connecting belt pulley or gear. Not required for direct connection.	
$lacktriangle$ Primary Side Pulley Diameter and Mass $D_{P1} = mm$ $m_{P1} = kg$	
$lacktriangle$ If the mass is unknown, please enter the width and material. $ ightharpoonup$ $L_{P1}=$ mm Materials:	
$lacktriangle$ Secondary Side Pulley Diameter and Mass $D_{P2} = mm$ $m_{P2} = kg$	
$lacktriangled$ If the mass is unknown, please enter the width and material. $ ightarrow$ L_{P2} = mm Materials:	
■ Operating Conditions • If in doubt, leave the applicable fields blank. We will call you if necessary.	
● Travel Amount per Rotation Angle ····································	
\bullet Positioning Time \bullet	
$lacktriangle$ Desired Acceleration and Deceleration Time: $t_1 = s$	
lacktriangle Stop Time	
Desired Travel Rotation Speed (If any) ······· N = to r/min	
Desired Stopping Accuracy (If any) ±	111 e t2 [S]
Power Supply Voltage V, Hz	
● Necessity of Holding Force After Power is Turned off ········ ○ Yes ○ No	

Application, Equipment Name— Estimated Number of Units to be Used— year month Supply Source (Sates office)— Other (Requests, Contact Information, Items not written above, etc.)	Others			
Estimated Purchase Date				
Supply Source (Sales office) ·····				
		year	month	
Other (Requests, Contact information, Items not written above, etc.)				
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