

# Product Recommendation Information Sheet

## Opening and Shutting Doors

### Desired Product ● If you have no desired product, leave the applicable fields blank. We will call you if necessary.

Desired Motor(s)

- αSTEP**   
  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.   
  Unknown

If you wish to use a product from another company, enter the manufacturer name and the product name.

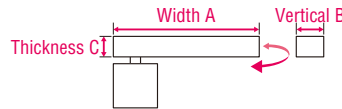
Manufacturer name:    
 Product name:

### Drive Mechanism Specifications ● If in doubt, leave the applicable fields blank. We will call you if necessary.

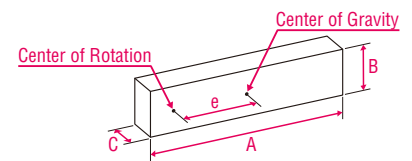
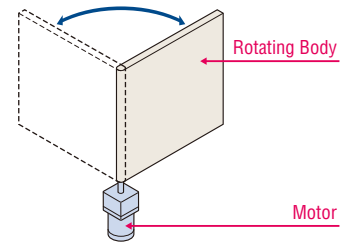
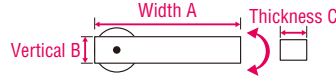
Rotating Body Dimensions

- Width .....   $A$  =  mm
- Vertical .....   $B$  =  mm
- Eccentricity Volume .....   $e$  =  mm
- Rotating Body Thickness .....   $C$  =  mm
- Rotating Body Mass or Material .....   $m$  =  kg or material →
- Position of Mechanism

- Horizontal Plane Rotation



- Vertical Plane Rotation

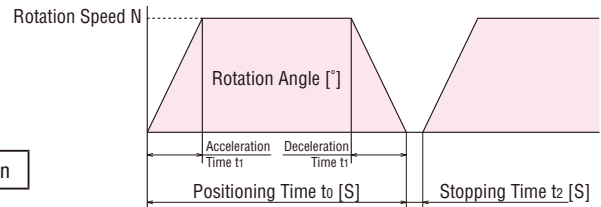


Please enter if you use connecting belt pulley or gear. Not required for direct connection.

- Primary Side Pulley Diameter and Mass .....   $D_{P1}$  =  mm      $m_{P1}$  =  kg
- If the mass is unknown, please enter the width and material. →   $L_{P1}$  =  mm    Materials:
- Secondary Side Pulley Diameter and Mass...   $D_{P2}$  =  mm      $m_{P2}$  =  kg
- If the mass is unknown, please enter the width and material. →   $L_{P2}$  =  mm    Materials:

### Operating Conditions ● If in doubt, leave the applicable fields blank. We will call you if necessary.

- Travel Amount per Rotation Angle.....  °
- Positioning Time.....   $t_0$  =  s
- Desired Acceleration and Deceleration Time...   $t_1$  =  s
- Stop Time.....   $t_2$  =  s
- Desired Travel Rotation Speed (If any) .....   $N$  =  to  r/min
- Desired Stopping Accuracy (If any) ...  ±  °
- Power Supply Voltage .....   $V_i$  Hz
- Necessity of Holding Force After Power is Turned off .....  Yes     No



**Others**

- Application, Equipment Name.....
- Estimated Number of Units to be Used .....  unit(s)
- Estimated Purchase Date .....  year  month
- Supply Source (Sales office).....
- Other (Requests, Contact information, Items not written above, etc.)