# BEARING DESIGN CHECKLIST (BDC)

**Reference Project:** _____ **Date:** _____

Distributor / Branch | Contact

Customer | Contact

City | State

Phone | Fax

Email

## Application Data

**Do any of these conditions exist?**

- ❍ Modular Belt
- ❍ Tensioned Flat Belt
- ❍ Screw Auger
- ❍ Overhung Load
- ❍ Trunnion
- ❍ USDA/FDA Inspection
- ❍ Indirect Food Contact
- ❍ Direct Food Contact
- ❍ Wash Down
- ❍ Submersion
- ❍ Chemical
- ❍ Abrasive Material
- ❍ Vibration/Impact

**What type of drive is being used?**

- ❍ Roller Chain
- ❍ Direct Couple
- ❍ Timing Belt
- ❍ Line Shaft
- ❍ Hydraulic Motor
- ❍ V-Belt
- ❍ Slave Drive
- ❍ Variable Frequency Drive
- ❍ Supported Shaft Mount Reducer
- ❍ Unsupported Shaft Mount Reducer
- ❍ Idler

**Bearing for:** ❍ New machine ❍ Retrofit

**How long is current bearing lasting?** (Estimated life)

- Weeks: _____ Months: _____ Years: _____

**Is a drawing of current system available?** ❍ Yes ❍ No

**Existing problem is with:** ❍ Bearing ❍ Housing ❍ Both

**Will existing housing be re-used?** ❍ Yes ❍ No

**Has a plane bearing been tried previously?** ❍ Yes ❍ No

- Material or brand: _____

**Describe the application:**

_____

_____

_____

## Bearing Data

❍ Mounted ❍ Type “E”/Roller ❍ Thrust
❍ ER ❍ Unmounted/Radial ❍ Roll End

**Shaft Diameter:** _____

**Shaft RPM:** _____

**Estimated Load per Bearing:** _____

**Temp. around bearing:** _____

**Shaft direction:** ❍ Inclined ❍ Vertical ❍ Horizontal

**Type of motion:** ❍ Radial motion ❍ Linear motion
❍ Expansion ❍ Intermittent ❍ Reversing

**Self-alignment required?** ❍ Yes ❍ No

**Split housing required?** ❍ Yes ❍ No

**Part # of existing bearing:** _____

**Style of housing:** _____