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/HTD 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

Suspected cause of failure: _____

_____

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: ❍ Horizontal ❍ Vertical ❍ Inclined

Type of motion: ❍ Radial motion ❍ Linear motion
❍ Expansion ❍ Intermittent ❍ Reversing ❍ Frequent stop/start

Self-alignment required? ❍ Yes ❍ No

Split housing required? ❍ Yes ❍ No

Part # of existing bearing: _____

Style of housing: _____