

CHECKLIST GRIPPER

Customer number	<input type="text"/>	Telephone number	<input type="text"/>
Company	<input type="text"/>	Fax number	<input type="text"/>
Contact Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>	<input type="text"/>	E-Mail	<input type="text"/>
<input type="checkbox"/> Request	Desired date	<input type="text"/>	Req. No. <input type="text"/>
<input type="checkbox"/> Order			Ord No. <input type="text"/>
<input type="checkbox"/> Parallel gripper	<input type="checkbox"/> Three-jaw gripper	<input type="checkbox"/> Angular gripper	
<input type="checkbox"/> Other / If yes, which type	<input type="text"/>		

Drive

Pneumatic Electric Hydraulic

Operating pressure bar Voltage Volts

Required stroke

Per jaw mm or Total stroke mm

Gripper finger length

Gripper top edge to force application point mm

Ambient conditions

Clean / Dry Small amount of swarf
Coolant overspray Large amount of swarf Coolant
under pressure of grinding agents

Chemical substances / If yes, which

Temperature °C Cycles per minute

Required force

Gripping force N or Workpiece weight kg g

Gripping type

Gripping inward Gripping outward

Frictional fit Form fit

Prism angle ° Coefficient of friction Axis acceleration m/s²

Self Locking

Not required When closing When opening Pressure safety valve

Desired accessories

Inductive sensor Magnetic field sensor With cable Pluggable

Separate cable / If yes, how long m

Straight fitting

Angled fitting

Pressure safety valve

Pneumatic fittings / If yes, which

Straight

Angled

Flow control valve

Notes/comments

Editor/Date

Desired accessories

Sketch 3D model Other