UNISORB®

INSTALLATION SOLUTIONS

Unisorb® Press Mount Calculation Form

COMPANY

NAME

ADDRESS STREET CITY STATE & ZIP

PHONE EMAIL

MAKE MODEL

TYPE ☐ OBI ☐ OBS ☐ SS ☐ OTHER (SPECIFY):

CAPACITY (TONS) PRESS WEIGHT MAX DIE WEIGHT

TYPE ☐ MECHANICAL ☐ HYDRAULIC ☐ PNEUMATIC ☐ OTHER (SPECIFY):

FUNCTION ☐ BLANKING ☐ DRAWING ☐ EMBOSSING ☐ OTHER (SPECIFY):

STROKE LENGTH STROKES PER MINUTE

BED SIZE PRESS HEIGHT

WEIGHT DISTRIBUTION ☐ BALANCED ☐ UNBALANCED (DESCRIBE):

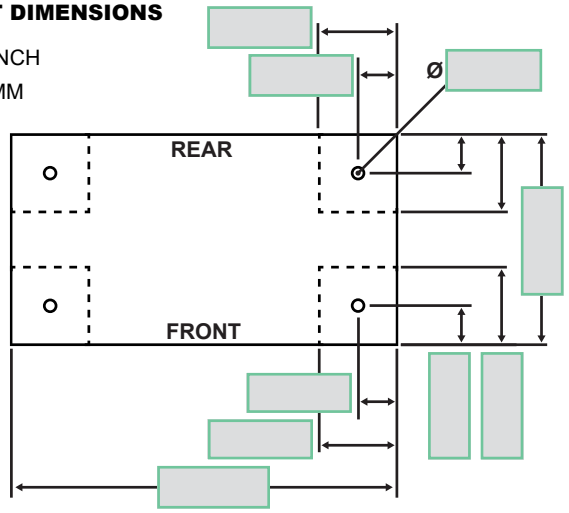
OBSTRUCTION BELOW BOTTOM OF PRESS FEET? DESCRIBE:

REQUESTED QUOTE:

- ☐ PRESS MOUNTS (Cast housing with adjustment bolt)
- ☐ ANCHORS
- ☐ ISOLATION PAD (1" thick pad material)
- ☐ GROUT
- ☐ ISOLATED FOUNDATION

PRESS FOOT DIMENSIONS

UNITS: ○ INCH ○ MM



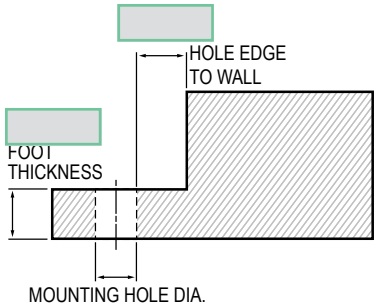
NOTES:

Send drawings if available.

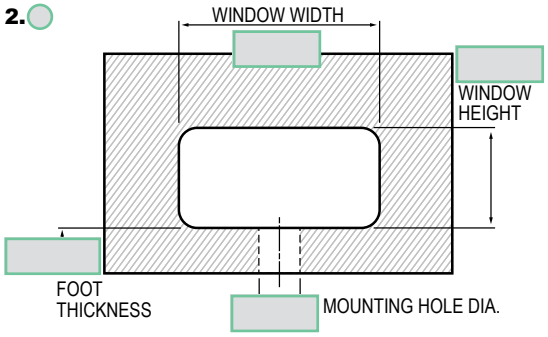
Complete all items applicable to your specific press.

Leave all non-applicable items blank.

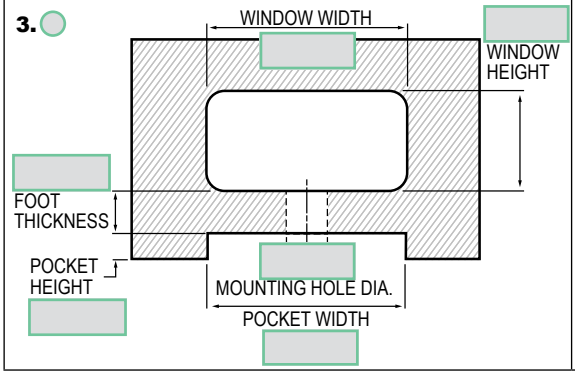
1. ○



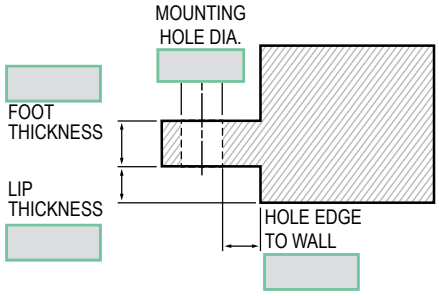
2. ○



3. ○



4. ○



JDM
7-17-24

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