



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:

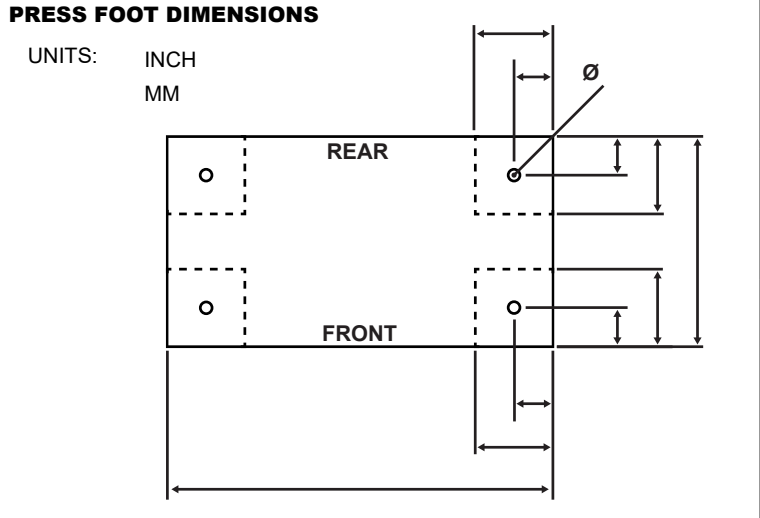
PRESS MOUNTS (Cast housing with adjustment bolt)

ANCHORS

ISOLATION PAD (1" thick pad material)

GROUT

ISOLATED FOUNDATION

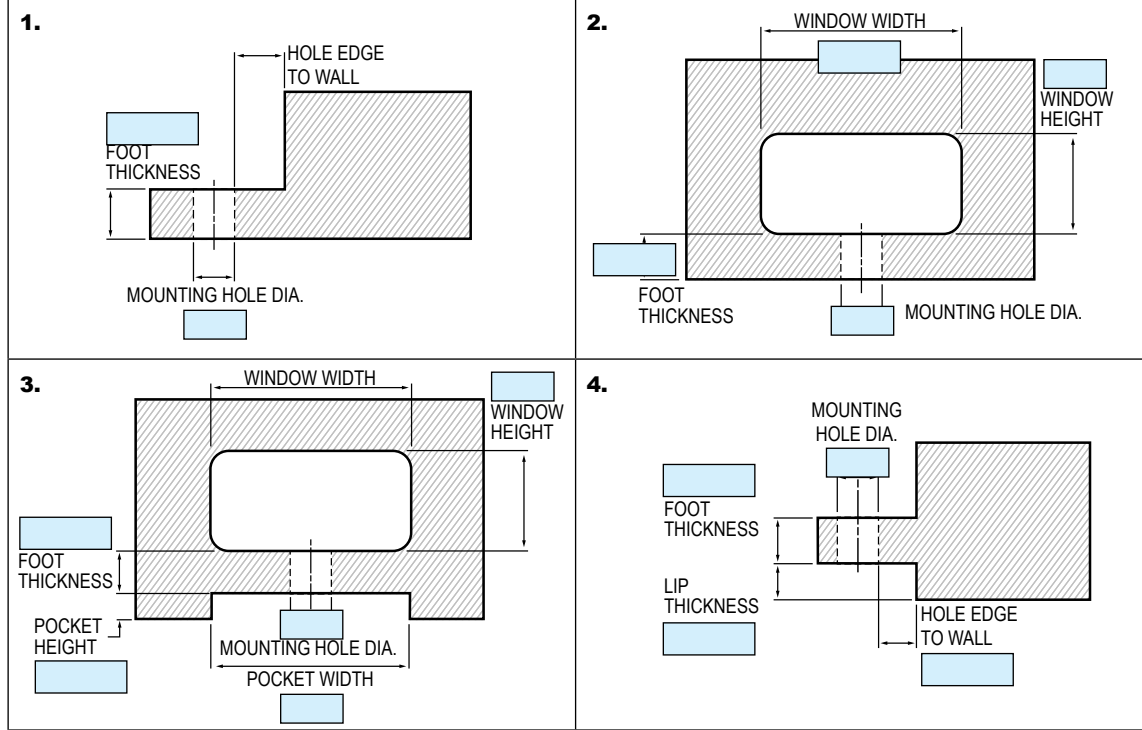


**NOTES:**

Send drawings if available.

**Complete all items applicable to your specific press.**

**Leave all non-applicable items blank.**



COMPLETE FORM AND RETURN TO ENGINEERING@UNISORB.COM