

# BEARING INSPECTION REQUEST

## Application Data Sheet

SKF Distributor / Branch: _____	Contact: _____	Date: _____	
Customer Name: _____			
Address: _____			
Customer Contact: _____	Phone / Cell: _____		
Email: _____			
Date of Purchase: _____	SKF Invoice No: _____		
Bearings to be returned: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Customer Reference No: _____			
Customer Order Number: _____ <i>excludes authorised warranty claims</i>			
Written inspection report reference (if any): _____		File No: _____	
Follow up technical support required	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type of machine in which bearing was fitted: _____			
Machine Manufacturer: _____			
Bearing Position: _____	Designation: _____		
Type & Magnitude of Load: _____	Radial: _____	Axial: _____	
Length of Service (Hours): _____	Original or Replacement Bearing: _____		
Operating / Max Speed: _____	Operating / Max Temp (°C): _____		
Lubricant (Oil / Grease): _____	Lube Details: _____		
Quantity of lube in Housing: _____	Quantity of lube in Bearing: _____		
Re-lubrication (Hours): _____	Quantity (Grams): _____		
Describe bearing problem: _____			
How was it detected: _____			
Replacement/failure history: _____			
If possible, please provide an arrangement drawing / sketch of the machine showing bearing location			
<b>Maintenance Costs Associated with Failure</b>		<b>Loss of Production / Revenue Costs</b>	
Replacement Parts & Repairs	\$	Cost per Hour of downtime	\$
Labour & Equipment	\$	Number of hours downtime	
Total Maintenance cost per failure	\$	Total Loss of Production / Revenue	\$

WAIKATO BEARINGS




