Vestil Manufacturing -Caster Survey Sheet

Company Name:

Contact Person:

Phone: **/ Email:**

If this is a request for replacement casters, please provide the old Brand and model #.

i. Brand: _____ ii. Model #: _____

Quantity of Each Type of Caster Requested:

SWIVEL: _____	RIGID: _____
SWIVEL W/ SIDE BRAKE: _____	SWIVEL W/ SIDE BRAKE: _____
OTHER: _____	OR SWIVEL W/ TOTAL BRAKE: _____

Critical Dimensions & Specs (please fill out as much as you can):

DIAMETER: _____	WIDTH: _____
WHEEL TREAD (MATERIAL): _____	OVERALL HEIGHT: _____
CORE (MATERIAL): _____	SWIVEL LEAD: _____
TOP PLATE SIZE OR STEM SIZE: _____	CAPACITY PER CASTER: _____
BOLT HOLE SPACING: _____	HUB LENGTH: _____
IS SHOCK ABSORBING REQUIRED? _____	

Pleas share any special requirements: _____

_____

Describe the unit the casters will go on: _____

_____

Floor Material & Condition (debris, shavings, etc.) _____

Ergonomic Considerations _____

Environmental Factors (oil, dust, water, chemicals, etc) _____

Operating Temps (range and duration) _____Shock loads (Y/N) ___ Side Thrust(Y/N)____

Movement (manual, powered) How? _____ Max Speed_____

Frequency of use (Continuous, Intermittent) _____

Additional Information, requirements or detail on application: _____

_____