



EXAIR E-Vac Application Assistance Worksheet

Choose your application from one of the three main categories below and fill in the blanks.

COMPANY INFORMATION

Company Name: _____
Contact Name: _____
Phone: _____ Fax _____
E-Mail: _____

1. Pick & Place

A. Explain your products characteristics:

Dimensions: H_____ x W_____ x D_____ Weight: _____ lbs / kg

Material: _____ Shape: _____

Other (thru holes, channels, rough surface, multiple parts, porosity, etc...):

B. Will the vacuum cup be positioned vertical or horizontal to lift the part? (Check one)

Vertical_____ Horizontal_____

C. What is the cycle time of your application? _____

2. Evacuation

A. What negative pressure does your vessel need to reach? _____"Hg (in. mercury)

B. What is the area of your vessel? _____in³ (cubic inches)

C. How quickly would you like to evacuate the vessel? _____seconds / minutes
(Circle one)

3. Replace existing system or products:

A. Please provide the make and model:

B. Vacuum Cup size and quantity of cups:

C. Reason for replacing:
