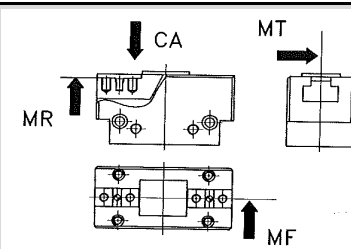


| CHECK-LIST FOR CENTERING VISE   |  |
|---|--|
| Customer  |  |
| Contact person  |  |
| N° of vises   |  |
| Date  |  |
|   |  |
| DETAILS   |  |
| Stroke for jaw  | mm   |
| Repeatability absolute  | mm   |
| Repeatability +/-   | mm   |
| Clamping force  | N  |
| Clamping force for jaw  | N  |
| Pressure <input type="checkbox"/> Pneumatic / <input type="checkbox"/> Hydraulic    | bars   |
| top jaw lenght (from base jaw)  | mm   |
| External load   | CA in N  |
|   | MF in Nm   |
|   | MR in Nm   |
|   | MT in Nm   |
|  |  |
| Pressurization  | <input type="checkbox"/> No                              |
|   | <input type="checkbox"/> side                            |
|   | <input type="checkbox"/> base                            |
| Lubrication   | <input type="checkbox"/> Manual                          |
|   | <input type="checkbox"/> Central lubrication on the side |
|   | <input type="checkbox"/> Central lubrication from below  |
|   |  |

|  |  |
|--|--|
| Alimentation                                     | <input type="checkbox"/> Side                              |
|  | <input type="checkbox"/> Base                              |
|  | <input type="checkbox"/> Base with O-Ring                  |
| Holes on the jaw to lubricate only from one side | <input type="checkbox"/> Yes                               |
|  | <input type="checkbox"/> No                                |
| Temperature                                      | °C   |
| Time open/closed (for each movement)             | sec  |
| Control position                                 | <input type="checkbox"/> No                                |
|  | <input type="checkbox"/> with cam, included kit for sensor |
|  | <input type="checkbox"/> with shaft below                  |
|  |  |
| NOTE   |  |
|  |  |