

TRACKING TECHNICAL SOLUTIONS



USER DATA



CUSTOMER / DIE SET NUMBER:

DISTRIBUTOR / PERSON IN CHARGE:

GAS SPRING INCIDENT DATA



ORIGINAL MODEL:

SERIAL NUMBER:

QUANTITY: TOTAL QTY: AFFECTED QTY:

TOTAL NUMBER OF CYCLES:

INCIDENT:

GAS SPRING APPLICATION DATA

MARK:



INITIAL FORCE (daN):



STROKE USED (mm):



STROKES PER MINUTE:



WORKING ENVIRONMENT TEMPERATURE (°C):



HOT STAMPING:



Yes

No



Stand Up



Upside Down



TYPE OF MOUNTING:



TYPE OF MOUNT (A/B/C/D):



A

B

C

D

SCREWS

POCKET



HOSED SYSTEM (Yes/No):



Yes

No



FLUIDS OR SOLID PARTICLES (Yes/No):



Yes

No

Yes

No

