



SELECTION GUIDE WORKSHEET CONTROLS

Name _____ Title _____

Company _____ Project _____

Address _____

Phone _____ Fax _____ Email _____

System Information

Number of Jacks _____ Number of Motors _____

Are Jacks: Mechanically Synchronized Electrically Synchronized Independently Operated

System Environment

- Indoor/General Purpose
- Outdoor
- Wash Down
- Explosion Proof
- Coastal/Salt Spray

Approvals

- UL Listed

What aspect of operation needs to be controlled?

- Position
- Travel Speed
- Both Position and Travel Speed
- Other (Leveling)

Motor Requirements

Voltage _____
 Phase _____
 Frequency _____

Brake required YES NO

Brake Wiring Internal

External (for variable frequency drives)

Motor Operation

- Variable Speed
- Constant Speed
- Inch/Jog (incremental)
- Synchronous

Primary Control Requirement (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Momentary Operation | <input type="checkbox"/> Maintained Operation |
| <input type="checkbox"/> Constant Torque | <input type="checkbox"/> Synchronized Travel |
| <input type="checkbox"/> Programmable Positions | Tolerance ____ +/- <input type="checkbox"/> inch <input type="checkbox"/> mm |
| <input type="checkbox"/> One to Four | <input type="checkbox"/> Variable Speed |
| <input type="checkbox"/> More than Four | Range of frequency _____ |
| <input type="checkbox"/> Positioning Tolerance | <input type="checkbox"/> Soft Start Operation |
| ____ +/- <input type="checkbox"/> inch <input type="checkbox"/> mm | <input type="checkbox"/> Rate (in/min ²) _____ |
| | <input type="checkbox"/> Number of starts/hour _____ |

Control Options

- Alarms Indicators Pendant Control Wireless Control HMI/Touch Screen

Other Considerations

Please list in detail any other specific features desired:

Complete this worksheet and fax or email to Joyce/Dayton

Joyce/Dayton Corp. • P.O. Box 1630, Dayton OH 45401
 800-523-5204 • 937-294-6261 • (Fax) 937-297-7173 • sales@joycedayton.com