Peninsular Sizing Chart
Cap-Fixed Spherical Eye
MP5 Mount

Date Submitted: __________________ No. of Pages ______
Name: __________________________________________
Company: _______________________________________
Fax: _______________________________________
Phone: _______________________________________
Email: _______________________________________

ABOVE: Fill in actual Cylinder Dimensions. BELOW: Check ALL applicable boxes & provide ALL INFORMATION to best describe the Cylinder

AIR CYLINDER - Indicate Working Pressure: __________
HYDRAULIC CYLINDER - High Pressure with Tie Rods
HYDRAULIC CYLINDER - Low Pressure with Tie Rods
HYDRAULIC CYLINDER - Welded Type without Tie Rods
If Hydraulic - Indicate Working Pressure: __________
If Hydraulic - Indicate Maximum Rated Pressure: __________
Is the Cylinder an NFPA Cylinder? Yes No
Is the Cylinder METRIC? Yes No
if METRIC, specify Standard: __________

Does the Cylinder have TIE RODS? Yes No
End Cap STYLE: Welded □ Threaded Snap Ring □
Cylinder TUBE MATERIAL: __________________
Cylinder END CAP MATERIAL: __________________
Are PROXIMITY SWITCHES used? Yes □ No □
BORE Size: _________ STROKE Length: _________

PISTON ROD DIAMETER: __________ PISTON ROD THREADS: Male □ Female □ Other □ (Describe): __________
Specify PISTON ROD THREAD DIAMETER, PITCH & LENGTH (example: 3/4" - 16 x 1.125"): __________
PORT THREAD TYPE: NPT □ SAE (O-Ring) □ Other (Describe) □ PORT THREAD SIZE (Specify): __________
Does the Cylinder have OPTIONAL CUSHION(s)? No □ on BOTH End Caps □ FRONT END CAP Only □ REAR END CAP Only □
Indicate Existing Cylinders MANUFACTURER & MODEL NUMBER: __________
Is a Cylinder ACCESSORY Required? (ex. a Rod Clevis): No □ Yes □ (indicate Accessory type & provide Dimensions) __________
Indicate any other Special Cylinder Features if applicable. If available, provide Sketches, Engineering Drawings and Photographs of the Cylinder. If applicable, indicate the Mode of Cylinder Failure, Harsh Environmental Factors, Electronic Positioning Devices or any other Pertinent Information regarding the existing Cylinder. For any questions, please call Peninsular Inside Sales at 1-800-526-7968.

Phone (586) 775-7211 • Toll Free (800) 526-7968 • Fax (586) 775-4545 • www.peninsularcyinders.com • email: sales@peninsularcyinders.com

REAR END CAP
The PORT (Hydraulic or Air) is located on SIDE LOCATION #s: _______
The CUSHION ADJUSTMENT SCREW (an Optional Cylinder Feature) is located on SIDE LOCATION #s: _______

FRONT END CAP
The PORT (Hydraulic or Air) is located on SIDE LOCATION #s: _______
The CUSHION ADJUSTMENT SCREW (an Optional Cylinder Feature) is located on SIDE LOCATION #s: _______

End Cap Port / Cushion Adjustment Screw SIDE LOCATION # Diagram

Also, fill in the below application data sheet
**APPLICATION DATA SHEET**

for NON-STANDARD Air or Hydraulic Cylinders

BELOW: Check ALL Applicable Boxes & provide ALL INFORMATION to best describe the Cylinder

<table>
<thead>
<tr>
<th>Date Submitted:</th>
<th>Type of Business:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td>Contact Name:</td>
</tr>
</tbody>
</table>

**Address:**
- City: ________
- State: ________
- Zip: ________

**Country:**

**CHECK ONE:**
- Distributor
- End User
- OEM
- Other
- Website:

**CYLINDER SPECIFICATIONS**

- BORE Size: ________
- STROKE Length: ________
- MOUNTING STYLE: ________
- PISTON ROD DIAMETER: ________
- PISTON ROD THREADS: Male
- Male
- Female
- Other
- (describe Piston Rod Threads):

**Is the Cylinder have CUSHION(s)?**
- Yes
- No

**If Yes:**
- FRONT END CAP
- REAR END CAP

**Weight of Load moved:**
- on Extend: ________ lbs.
- on Retract: ________ lbs.
- on BOTH Extend & Retract: ________ lbs.

**Cylinder Cycle Rate:**
- Extending: ________ Cycles per Minute
- Retracting: ________ Cycles per Day
- Cycles per Hour

**Rod Speed:**
- Extending: ________/sec.
- Retracting: ________/sec.

**How many days per week will this cylinder operate?**

**What is the Work Being Performed?**

**Cylinder is Mounted:**
- Vertically
- Rod Up
- Rod Down

**Angle Degrees:**
- from Vertical
- from Horizontal

**Is Side Load Present?**
- Yes
- No

**Describe:**

**What is the Cylinder Orientation?**

**Is the present Cylinder Type & Model Number if applicable?**

**Temperature at the Cylinder**
- If applicable: ________ Degrees F.

**Is the temperature constant?**
- Yes
- No

**What is the variable temperature range?**
- from: ________ Minimum Degrees F
- to ________ Maximum Degrees F

**Cylinder Environment conditions:**
- Corrosive Chemicals present
- Abrasives present
- Water present
- Outdoors

**Other (please explain):**

**What are the Environmental Conditions that the Cylinder is Subjected to?**

**What is the Application or Special Requirements?**

**Are there any optional features applicable to this cylinder?**
- Yes
- No

**What industry is the cylinder used in?**

**What type of machine is the cylinder used on?**

**What is the present problem/failure mode?**

**Is a Cylinder ACCESSORY Required? (ex. a Rod Clevis):**
- No
- Yes

**Describe Application and/or Draw a Sketch of the Cylinder Within the Application.**

**Draw any Special Features Contained on this Cylinder (attach drawing if necessary)**

---

Phone: (586) 775-7211  •  Toll Free: (800) 526-7968  •  Fax: (586) 775-4545  •  www.peninsularcylinders.com  •  email: sales@peninsularcylinders.com

REV. 2/10/2010  SF-14-R02