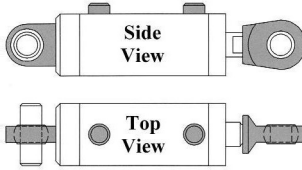


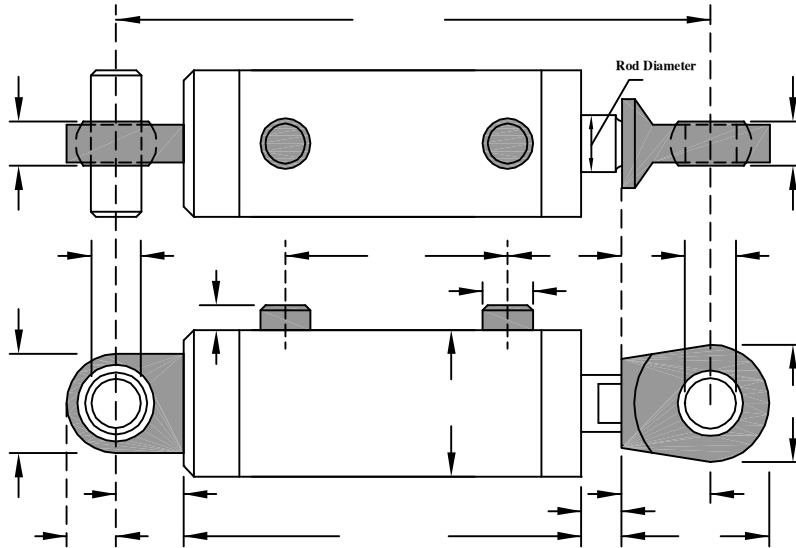
# Peninsular Sizing Chart

## Welded Cylinders Spherical Eye Mount



- PRINT this Blank Template Page
- PRINT the APPLICATION DATA SHEET (SCROLL DOWN)
- FILL IN the Required Information on BOTH PAGES
- FAX BOTH PAGES to Peninsular at (586) 775-4545

Date Submitted: \_\_\_\_\_ No. of Pages \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_



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

<input type="checkbox"/> AIR CYLINDER - Indicate <u>Working Pressure</u> : _____ <input type="checkbox"/> HYDRAULIC CYLINDER ▪ <u>High Pressure</u> with Tie Rods <input type="checkbox"/> HYDRAULIC CYLINDER ▪ <u>Low Pressure</u> with Tie Rods <input type="checkbox"/> HYDRAULIC CYLINDER ▪ <u>Welded Type</u> without Tie Rods If Hydraulic - Indicate <u>Working Pressure</u> : _____ If Hydraulic - Indicate <u>Maximum Rated Pressure</u> : _____ If Hydraulic - Indicate <u>Fluid Type</u> : _____ Is the Cylinder an NFPA Cylinder ? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the Cylinder METRIC ? Yes <input type="checkbox"/> No <input type="checkbox"/> if METRIC, specify Standard: _____ End Cap STYLE: Welded <input type="checkbox"/> Threaded <input type="checkbox"/> Snap Ring <input type="checkbox"/> Cylinder TUBE MATERIAL: _____ Cylinder END CAP MATERIAL: _____ Are PROXIMITY SWITCHES used? Yes <input type="checkbox"/> No <input type="checkbox"/> BORE Size: _____ STROKE Length: _____ PISTON ROD DIAMETER: _____ PISTON ROD THREADS: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> (Describe): _____ Specify PISTON ROD THREAD DIAMETER, PITCH & LENGTH (example: 3/4" - 16 x 1.125") : _____ PORT THREAD TYPE: NPT <input type="checkbox"/> SAE (O-Ring) <input type="checkbox"/> Other (Describe) <input type="checkbox"/> PORT THREAD SIZE (Specify): _____ Does the Cylinder have OPTIONAL CUSHION(s)? No <input type="checkbox"/> on BOTH End Caps <input type="checkbox"/> FRONT END CAP Only <input type="checkbox"/> REAR END CAP Only <input type="checkbox"/> Indicate Existing Cylinders MANUFACTURER & MODEL NUMBER : _____ Is a Spherical Rod Eye Required ? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, Provide Dimensions Above) Are Grease Fittings Required ? Yes <input type="checkbox"/> No <input type="checkbox"/> Indicate any other Special Cylinder Features if applicable. If available, provide Sketches, Engineering Drawings and Photog raphs 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.	Referencing the diagram below, indicate the <b>SIDE LOCATION #</b> for <b>PORTS</b> and/or <b>Optional CUSHION ADJUSTMENT SCREWS</b> for both the FRONT & REAR End Caps <hr/> <p><b>FRONT END CAP</b></p> <ul style="list-style-type: none"> <li>• The <b>PORT</b> (Hydraulic or Air) is located on <b>SIDE LOCATION #s</b>: _____</li> <li>• The <b>CUSHION ADJUSTMENT SCREW</b> (an Optional Cylinder Feature) is located on <b>SIDE LOCATION #s</b>: _____</li> </ul> <p><b>REAR END CAP</b></p> <ul style="list-style-type: none"> <li>• The <b>PORT</b> (Hydraulic or Air) is located on <b>SIDE LOCATION #s</b>: _____</li> <li>• The <b>CUSHION ADJUSTMENT SCREW</b> (an Optional Cylinder Feature) is located on <b>SIDE LOCATION #s</b>: _____</li> </ul>	<p><b>End Cap Port / Cushion Adjustment Screw SIDE LOCATION # Diagram</b></p> <p>Always view the Cylinder through the Rod End from the Front End Cap side of the Cylinder</p>
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**PENINSULAR  
CYLINDER CO.**

# APPLICATION DATA SHEET

for NON-STANDARD Air or Hydraulic Cylinders

- PRINT this APPLICATION DATA SHEET
- FILL IN the Required Information on BOTH PAGES
- PRINT the SIZING CHART for the cylinder you need
- FAX BOTH PAGES to Peninsular at (586) 775-4545

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

Date Submitted: _____	Type of Business: _____
Company Name: _____	Contact Name: _____
Address: _____	Title: _____
City: _____ State: _____ Zip: _____	Telephone: _____ Fax: _____
Country: _____	Email: _____
CHECK ONE: Distributor <input type="checkbox"/> End User <input type="checkbox"/> OEM <input type="checkbox"/> Other <input type="checkbox"/>	Website: _____

### CYLINDER SPECIFICATIONS

<input type="checkbox"/> AIR CYLINDER - Indicate <u>Working Pressure</u> : _____	BORE Size: _____ STROKE Length: _____
<input type="checkbox"/> HYDRAULIC CYLINDER	MOUNTING STYLE: _____
If Hydraulic - Indicate <u>Working Pressure</u> : _____	PISTON ROD DIAMETER: _____
If Hydraulic - Indicate <u>Maximum Rated Pressure</u> : _____	PISTON ROD THREADS: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
If Hydraulic - Indicate <u>Fluid Type</u> : _____ (necessary because some Hydraulic Fluids destroy Seals)	(describe Piston Rod Threads): _____
<input type="checkbox"/> OTHER - Describe: _____	Does the Cylinder have CUSHION(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes: FRONT END CAP <input type="checkbox"/> REAR END CAP <input type="checkbox"/>

### What is the Work Being Performed?

Weight of Load moved: on Extend: _____ lbs. on Retract: _____ lbs. on BOTH Extend & Retract: _____ lbs.
Cylinder Cycle Rate: _____ Cycles per Minute _____ Cycles per Hour _____ Cycles per Day
Rod Speed: Extending _____ "/sec. Retracting _____ "/sec. How many days per week will this cylinder operate? _____

### What is the Cylinder Orientation?

Cylinder is Mounted: Vertically Rod Up Rod Down Angle Degrees: from Vertical _____ from Horizontal _____
Is Cylinder Piston Rod or Load Guided or Supported? Yes No (if Yes, explain) _____
Is Side Load Present? Yes No (if Yes, explain) _____ Side Load Weight: _____ lbs.

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

What is the present Cylinder Type & Model Number if applicable? _____
Temperature at the Cylinder (if applicable) is _____ Degrees F. Is the temperature constant? Yes No
What is the variable temperature range (if applicable)? from: _____ Minimum Degrees F to _____ Maximum Degrees F.
Cylinder Environment conditions: Corrosive Chemicals present Abrasives present Water present Outdoors
Other (please explain): _____

### What is the Application or Special Requirements?

Are there any optional features applicable to this cylinder? Yes No If yes, please explain: _____
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  (indicate the type of Accessory \_\_\_\_\_ & provide Dimensions on Page 10)

**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)**

\_\_\_\_\_