

Distributed by:



PUMP ADS



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Project Number: _____ Initiation Date: _____ Originator: _____
 Dist /OEM. _____ Location _____
 Dist /OEM Contact Name: _____ Phone: () _____ Fax: () _____
 E-mail Address: _____ Proposal Sent to: Customer Haldex Salesperson
 Current Supplier: _____ Customer Part Number : _____
 Application _____
 Description: _____

Suggested Product Class: GC PB W300 W600 W900 WQ900 W1200 W1500 Combination: _____

(Final Determination Made By Engineering)

	RPM			Flow			Pressure		
	MIN.	NOM.	MAX.	GPM <input type="checkbox"/>	LPM <input type="checkbox"/>	DISP <input type="checkbox"/>	BAR <input type="checkbox"/>	PSI <input type="checkbox"/>	
Section 1									
Section 2									
Section 3									
Section 4									

Note: Please explain how each section operates. How many sections operate at the same time? What is the function of each section? Different oil in each section?

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OPERATING ENVIRONMENT			
Fluid Type	If different for each section, specify in notes. Assumed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fluid Viscosity	<input type="checkbox"/> CST <input type="checkbox"/> SSU @ _____ <input type="checkbox"/> F° <input type="checkbox"/> C°		
Fluid Cleanliness	ISO / <input type="checkbox"/> Unknown		
Inlet Condition	Assumed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Temperature of Oil	MIN.	MAX.	<input type="checkbox"/> F° <input type="checkbox"/> C° Assumed <input type="checkbox"/> Yes <input type="checkbox"/> No
Noise Requirements	db @	ft.	<input type="checkbox"/> No Requirement
Envelope Size L x W x H	in. X	in. X	in. (Include Drawing) <input type="checkbox"/> No Restrictions
SEALS			
Shaft Seal Requirement	<input type="checkbox"/> Haldex Specified		
Housing Seal	Inlet Pressure		<input type="checkbox"/> PSI <input type="checkbox"/> BAR
Sealed Between Sections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If Yes - <input type="checkbox"/> Buna <input type="checkbox"/> Viton		
Has Customer Verified Fluid Type w/Seals Chosen	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ROTATION			
<input type="checkbox"/> CW <input type="checkbox"/> CCW <input type="checkbox"/> Biro w/Case Drains <input type="checkbox"/> Biro w/Checks			
If Biro, what is the primary rotation? <input type="checkbox"/> CW <input type="checkbox"/> CCW <input type="checkbox"/> Unknown			
Special Considerations			
MOUNTING			
Pump Mounted	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Unknown		
If Vertical Shaft	<input type="checkbox"/> Up <input type="checkbox"/> Down <input type="checkbox"/> Unknown		
Mounting Flange	Dry Mount <input type="checkbox"/> Wet Mount <input type="checkbox"/>		
If Special, describe			
Is mounting hardware required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what?	
DRIVE			
Drive Shaft			
If Special, describe			
What is drive source?			
If other, please describe			

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Side and Thrust Loads	Side Load <input type="checkbox"/> lbs. <input type="checkbox"/> N. <input type="checkbox"/> Other <input type="checkbox"/> Unknown
	Direction of Load ° <input type="checkbox"/> Unknown
	Thrust Load In <input type="checkbox"/> lbs. <input type="checkbox"/> N. <input type="checkbox"/> Unknown
	Thrust Load Out <input type="checkbox"/> lbs. <input type="checkbox"/> N. <input type="checkbox"/> Unknown

PORTING

Haldex to specify based on displacement chosen

Section 1	Inlet <input type="checkbox"/> Side / <input type="checkbox"/> Rear Other
	Outlet <input type="checkbox"/> Side / <input type="checkbox"/> Rear Other
Section 2	Inlet <input type="checkbox"/> Side / <input type="checkbox"/> Rear Other
	Outlet <input type="checkbox"/> Side / <input type="checkbox"/> Rear Other
Section 3	Inlet <input type="checkbox"/> Side / <input type="checkbox"/> Rear Other
	Outlet <input type="checkbox"/> Side / <input type="checkbox"/> Rear Other
Section 4	Inlet <input type="checkbox"/> Side / <input type="checkbox"/> Rear Other
	Outlet <input type="checkbox"/> Side / <input type="checkbox"/> Rear Other

* Only rear most section can have rear porting

Case Drain	Other	Location
If special ports, please specify		

* Note: Ports must be verified to not exceed fluid velocities. Haldex may offer alternate size ports than requested.

VALVING

Requirement		
Standard Valve Porting	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please specify?
Relief Valve Setting	<input type="checkbox"/> PSI <input type="checkbox"/> BAR @ <input type="checkbox"/> GPM <input type="checkbox"/> LPM <input type="checkbox"/> Cracking <input type="checkbox"/> Full Bypass	
Priority Valve Setting	<input type="checkbox"/> GPM <input type="checkbox"/> LPM	
If Check Valve, What Pressure Setting?	<input type="checkbox"/> PSI <input type="checkbox"/> BAR <input type="checkbox"/> Unknown	
Solenoid Voltage		Other
Solenoid Connection		Other

* Please include schematic for any special valve requirements



QUALITY SYSTEM REQUIREMENTS

COMMENTS / CONCERNS BY ADS AUTHOR

HYDRAULIC SCHEMATIC (paste image or fax to RKF Engineering @ (815) 398-9246)

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