DYNATECT®
DYNAMIC EQUIPMENT PROTECTION

PROTECTIVE COVERS

STEELFLEX® WALK-ON WAY COVER | QUOTE REQUEST FORM

Date _____ Address _____

Company Name _____ City _____ State/Prov. _____

Contact _____ Country _____ Zip/Postal Code _____

Quantity _____ Telephone _____ Fax _____

Email _____

1. Application Information

☐ New Design ☐ Replacement (Part# _____) ☐ Single Cover ☐ Set of Covers (left/right)

Machine make: _____ Machine model #: _____

Operating environment: ☐ Dry ☐ Grinding ☐ Hot chips ☐ Aluminum ☐ Heavy coolant ☐ Other _____

Temperature range: Continuous (ambient): _____ Minimum: _____ Maximum: _____ ☐ °F ☐ °C

Maximum travel speed: _____ Acceleration (please indicate units of measurement): _____

Movements/day: _____ Axis: _____

What is the maximum load applied at the center of the unsupported span on a single 12x12-inch footprint? _____ ☐ lbs. ☐ kg.

Is a potential for multiple people standing or walking on the cover at once? (please explain traffic patterns) _____

_____

Other than a person walking across the cover, is there any other dynamic load expected? e.g. rolling cart, dropped tool/part?

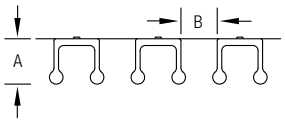
_____

Please Note: Steelflex covers should only be walked on while stationary.

2. Replacement Covers (For replacement covers only; please specify Cover Profile Dimensions "A" and "B" below.)

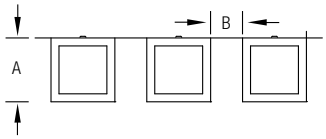
(A) Support Type:

☐ 1/2" Ribs ☐ 1" Tubes
☐ 5/8" Ribs ☐ 1-1/2" Tubes
☐ 3/4" Tubes ☐ 2" Tubes

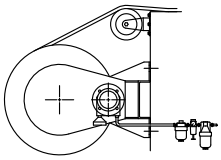


(B) Support Spacing:

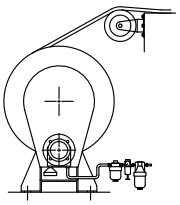
☐ 1/4"
☐ 1/2"
☐ Other _____



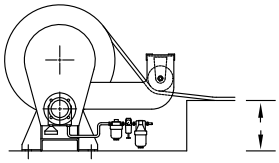
3. Mounting Options (Note: Right-hand drive shown)



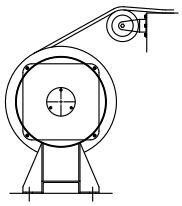
☐ Machine-Mounted



☐ Floor-Mounted, Below the Way



☐ Floor-Mounted, Above the Way
Distance Between Floor and Top of Way: _____



☐ Floor-Mounted, Spring Take-Up

4. Dimensions (Note: Machine mount example shown)

(A) Overall Way Width: _____ (B) Largest Unsupported Span: _____

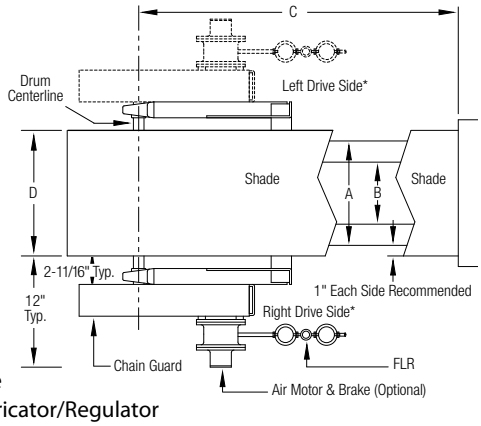
(C) Length from Center Line of Roller to Table/Column or Car when Shade Fully Extended: _____

(D) Shade Width: _____ (overall way width +2" recommended for walk-on covers)

Travel Distance: _____ Total Shade Length: _____

Way Height Above Floor: _____

Drive Side Location*: ☐ Right ☐ Left ☐ Both Same Side (for sets)



5. Options/Drive (Note: If air is turned off, an air brake is recommended)

☐ Air Motor/Machine-Driven ☐ Spring Drive Take-Up ☐ Air Brake ☐ Non-Skid Tape
☐ Non-Skid Paint ☐ Sponge Edge Seal ☐ Brush Wiper ☐ Nylon Riders ☐ Filter Lubricator/Regulator

V. 8/11/2020