DYNATECT®
DYNAMIC EQUIPMENT PROTECTION

Tip: In order to save entries to this PDF form, you must first save the PDF to your computer, then open up in Adobe Reader (not your web browser).

NEW DESIGN – TELAFLEX® COVERS | QUOTE REQUEST FORM

MEASURING FROM MACHINE

Date _____ Address _____
Company Name _____ City _____ State/Prov. _____
Contact _____ Country _____ Zip/Postal Code _____
Quantity _____ Telephone _____ Fax _____
Email _____

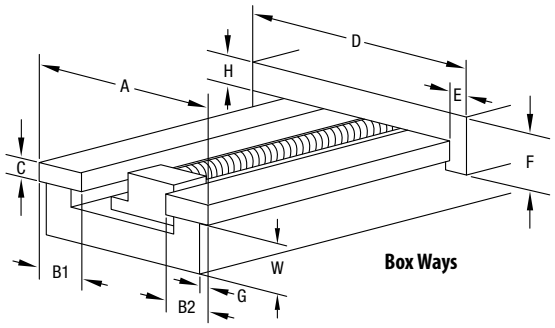
Please supply a sketch/drawing of your application. We have an extensive database of covers on file. Please contact your Dynatect Manufacturing, Inc. representative to locate your previous order(s) or to see if one fits your exact cover requirements.

1. Application Information

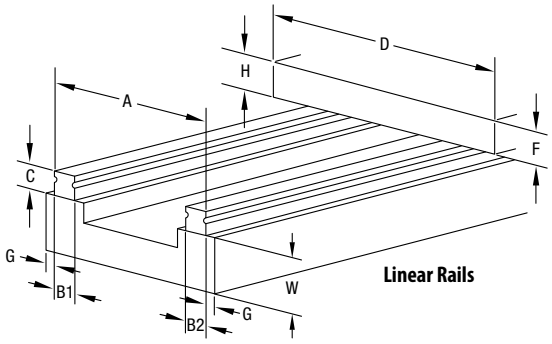
Existing Covers Only: Manufacture_____ Model/Part Number_____
Machine Make: _____ Machine Model: _____
Axis: ☐ X ☐ Y ☐ Z ☐ Other_____
Cover Orientation: ☐ Horizontal ☐ Vertical ☐ Cross Rail ☐ Between Column and Table
New Design or Replace Existing Cover: ☐ New Design ☐ Existing Machine in our Factory (replacement cover) Number of Boxes?_____
Operating Environment of the Cover? Please indicate percentage(s).
☐ Dry _____ ☐ Grinding _____ ☐ Hot Chip _____ ☐ Aluminum _____ ☐ Heavy Coolant _____
☐ Other (describe)_____
Working Temperature:_____ ☐ °F ☐ °C Maximum Travel Speed: _____ (indicate unit of measurement)
Movements/Day _____ Acceleration: _____ (indicate unit of measurement) Axis: _____
Are Ways Hardened? ☐ Yes ☐ No

2. Way Dimensions (Please indicate and dimension any obstructions below or provide a separate drawing.)

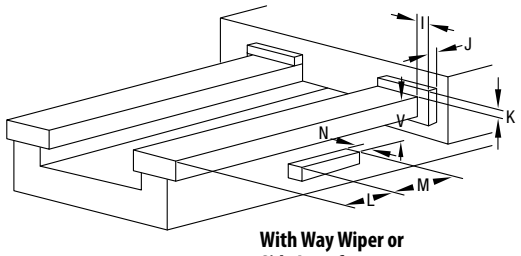
Way Dimension Specified In: ☐ Inches ☐ Millimeters Type of Way: ☐ Box Way ☐ Linear Rails
Dimensions: A _____ B1 _____ B2 _____ C _____ D _____ E _____ F _____ G _____
H _____ I _____ J _____ K _____ L _____ M _____ N _____ P _____
Q _____ R _____ S _____ T _____ U _____ V _____ W _____



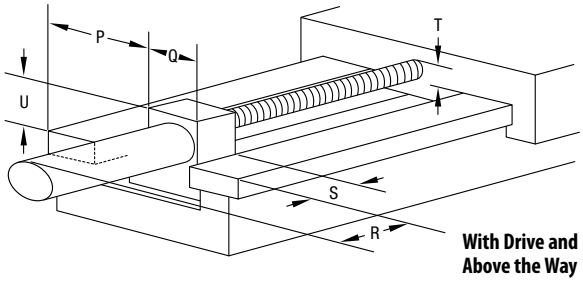
Box Ways



Linear Rails



With Way Wiper or Side Interference



With Drive and Ballscrew Above the Way

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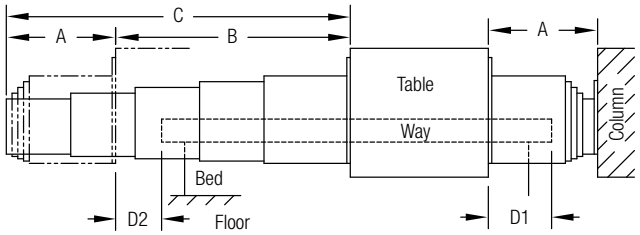
3. Extended/Retracted/Travel Requirements

Dimensions specified in: ☐ in ☐ mm

(A) Retracted Length: _____
(B) Travel Distance: _____
(C) Extended Length: _____
(D1) Over Travel: _____
(D2) Over Travel: _____

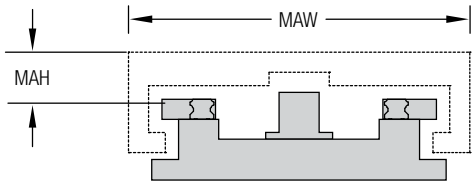


4. Maximum Allowable Cover Width and Height Above Way

Dimensions specified in: ☐ in ☐ mm

MAH (Maximum Allowable Height Above Way) Required: _____

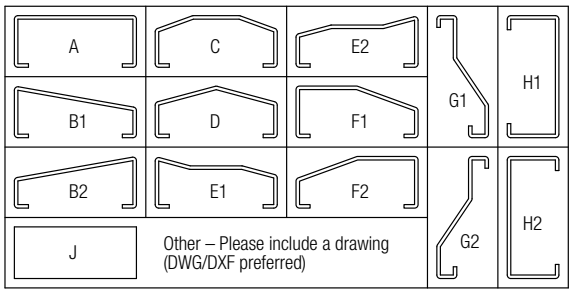
MAW (Maximum Allowable Cover Width) Required: _____



5. Cover Configuration

For replacement covers, please choose the profile which matches the existing cover the closest.

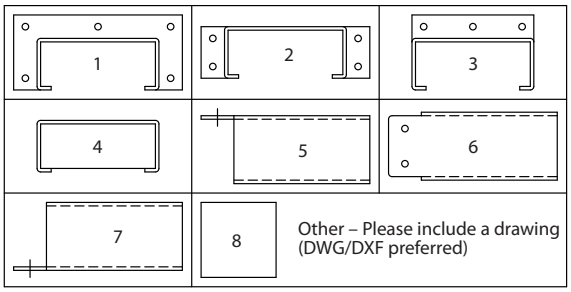
☐ A ☐ B1 ☐ B2 ☐ C ☐ D ☐ E1 ☐ E2
☐ F1 ☐ F2 ☐ G1 ☐ G2 ☐ H1 ☐ H2 ☐ J (other)



6. Mounting Configuration

Must select configuration for both ends.
Mounting holes not supplied unless specified.

Large Box: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 (other)
Small Box: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 (other)

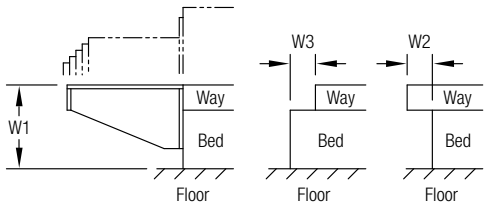


Note: Views 1-4 are end views.
Views 5-7 are views from the side of the cover.

7. Extension Brackets

☐ Yes Dimensions specified in: ☐ in ☐ mm
(W1) Top of Ways to Floor: _____
(W2) Way Extends Beyond Bed: _____
(W3) Way Ends Before Bed: _____

☐ No



8. Options

☐ Lifting Lugs* ☐ Stainless Steel ☐ Tread Plate (separate) ☐ Inspection Door

*On any cover over 250 lbs/113 kg, a lifting system is integrally designed.

Rev. 07/2022