

Unisorb Machine Mounts

Machine Mount Worksheet



Please email completed form to: dme@dme.net

Company:	_____	Contact Name:	_____
Account Number:	_____	Phone:	_____
Address:	_____	Fax :	_____
City:	_____	E-mail:	_____
State/Zip:	_____		

MACHINE MANUFACTURER: _____

TYPE OF MACHINE: _____

MODEL NO: _____ SERIAL NO: _____

MACHINE WEIGHT: _____ MOLD WEIGHT (IF APPLICABLE): _____

OF MOUNTING POINTS: _____ FOOT L x W x THICKNESS: _____ x _____ x _____

MOUNTING HOLE DIA: _____ MAX. TOP WASHER DIA: _____

MAX STUD LENGTH: _____

WHAT PROBLEM ARE WE SOLVING?: _____

NEW USED (PREVIOUS INSTALLATION APPROACH)

COMMENTS: _____

OPTIONAL MACHINE LAYOUT

(YOU MAY USE THIS SPACE TO PROVIDE A SKETCH WITH ADDITIONAL DETAIL AND/OR WEIGHT DISTRIBUTION IF NEEDED.)