

QUESTIONNAIRE

by fax +49 7156-17827-150 or by e-mail info@schmidt-tempo.com

company:			
address:			
person resp.:			
phone:		fax:	
mobile phone:		e-mail:	

In order to be able to offer you the right equipped machine, please fill out the questionnaire.

1. Where or on which machine(s) are the saw blades ground by now?.....

2. How many and what kind of circular saw blades have to be ground?

	<input type="checkbox"/> HSS-	<input type="checkbox"/> Segmental-	<input type="checkbox"/> Tungsten Carbide-	<input type="checkbox"/> Friction Saws	<input type="checkbox"/>
amount / week	.....	.....	.....	.....	.....
Ø - range (mm)	from..... to.....	from..... to.....	from..... to.....	from..... to.....	from..... to.....
Bore - Ø	.....	.....	.....	.....	.....

3. Is fully automatic chamfering on the same machine requested?

☐ No ☐ Yes → ☐ manual chamfering, after grinding the tooth form, the grinding head has to be adjusted to the chamfering position by the operator

→ ☐ automatic chamfering, after grinding the tooth form, the grinding head is adjusted automatically to the chamfering position

4. Is grinding of special tooth forms (e.g. pendulum tooth, Vario tooth) requested on the machine?

☐ No ☐ Yes, following special tooth forms:

5. Please indicate the approx. quota of:

Re-sharpening of saw blades ca% Tothing of blanks ca %

6. On the machine will be worked in:

☐ 1 working shift ☐ 2 working shifts ☐ 3 working shifts

7. What kind of coolant should be used?

☐ oil ☐ emulsion

8. Should the machine be connected to a central cooling facility? ☐ Yes ☐ No

9. What kind of electricity is available?

_____ Volt, _____ Phases, _____ Hertz

10. Remarks:

If you have any further question, please don't hesitate to contact us:

phone +49 7156 17827-0 e-mail info@schmidt-tempo.com