

OPERATOR CAB ISOLATION – CAB ANALYSIS FORM

(Photocopy, fill out, and return to Barry Controls)

BARRY CONTROLS SHOCK AND VIBRATION APPLICATION WORKSHEET

Name _____

Title _____

Company _____

Address _____

City _____ State _____

Zip _____ Mail Stop _____

Phone _____ FAX _____

Date reply required _____

Weight: Without Operator (lbs) _____

With Operator (lbs) _____

Moments of Inertia: I x-x _____

I x-y _____

I z-z _____

Allowable Sway During ROP Situations

Directions: X _____

Y _____

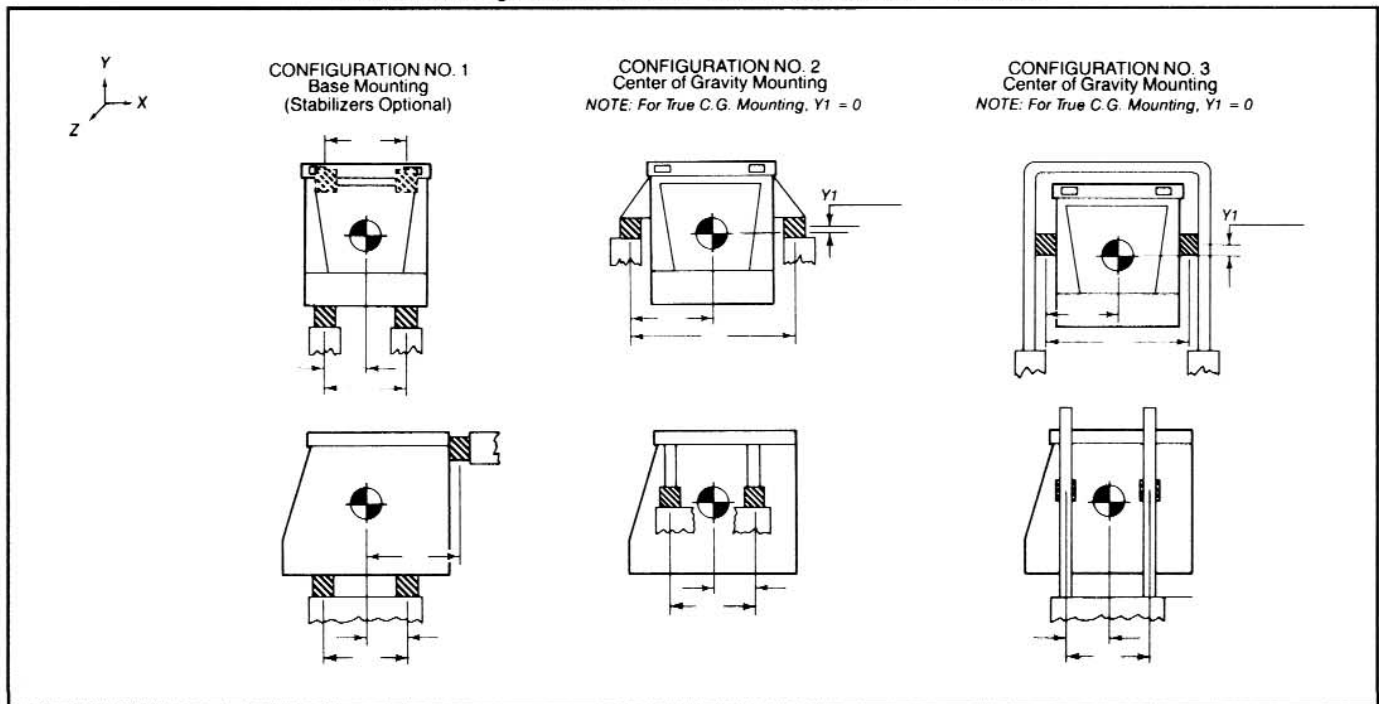
Z _____

Disturbing Frequencies (Hz) _____

Current Noise Level dB _____

Desired Noise Level dB _____

Provide sketch of equipment, including relevant dimensions, CG location, and mounting locations. Use additional sheets if needed.



Describe application (nature of equipment, problems, particular requirements, applicable specifications, etc.)



Return to: **Barry Controls Applications Engineering Department**
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