
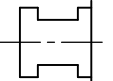

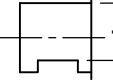

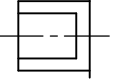

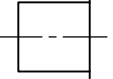
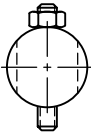
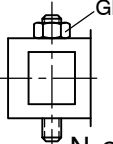

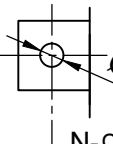


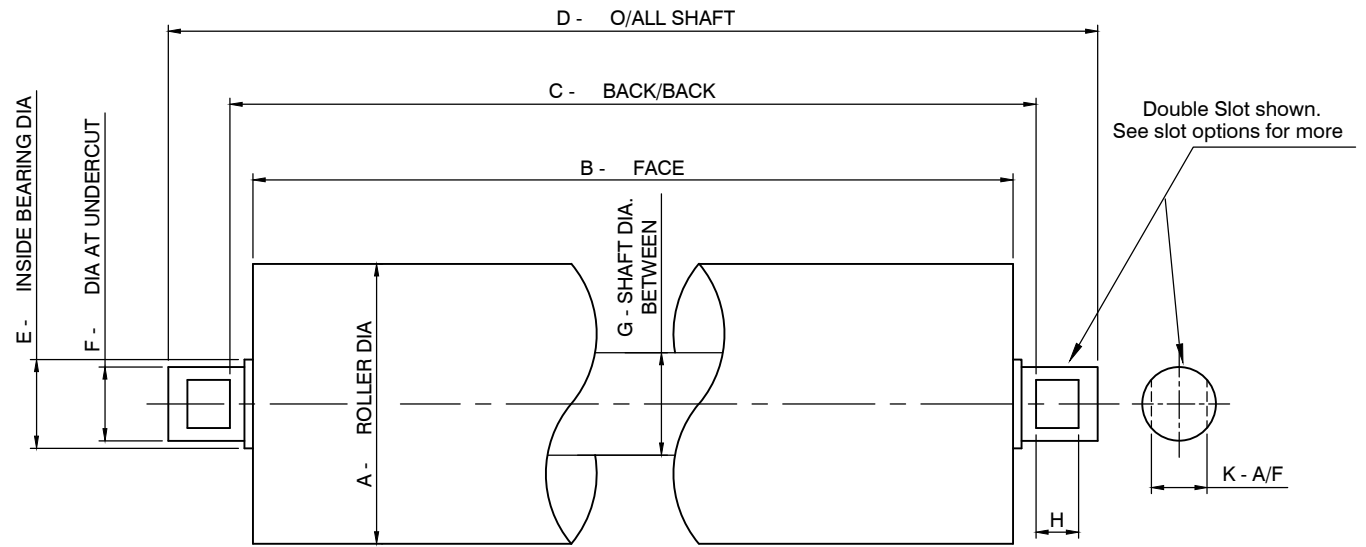
# Roller Replacement Worksheet

## SLOT OPTIONS

PLEASE TICK WHICH SLOT IS REQUIRED AND PROVIDE ADDITIONAL INFORMATION IF NECESSARY

|   |   |   |                             |
|---|---|---|-----------------------------|
|  |  | DOUBLE SLOT   | <input type="checkbox"/>    |
|  |  | SINGLE SLOT   | <input type="checkbox"/>    |
|  |  | OPEN SLOT   | <input type="checkbox"/>    |
|  |  | PLAIN END   | <input type="checkbox"/>    |
|  |  | GRUB SCREW<br>M <input type="checkbox"/><br>WEIGH<br>N-CENTRAL DISTANCE | N- <input type="checkbox"/> |
|  |  | SUSPENDED<br>$\phi_d$<br>N-CENTRAL DISTANCE                             | N- <input type="checkbox"/> |

## ROLLER DIMENSIONS



MATERIAL:-

- STEEL
- POLYMER
- OTHER

SPECIAL COMMENTS

| ROLLER TYPE | A<br>ROLLER<br>Ø | B<br>FACE | C<br>BACK TO<br>BACK | D<br>OVERALL<br>LENGTH | E<br>INSIDE<br>BEARING Ø | F<br>Ø AT<br>UNDERCUT | G<br>SHAFT<br>Ø | H<br>SLOT<br>WIDTH | K<br>ACROSS<br>FLAT | BEARING<br>TYPE |
|-------------|------------------|-----------|----------------------|------------------------|--------------------------|-----------------------|-----------------|--------------------|---------------------|-----------------|
|             |                  |           |                      |                        |                          |                       |                 |                    |                     |                 |



Name: \_\_\_\_\_

Company: \_\_\_\_\_

Site/Operation Location: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Entered or Approved  
by Kinder Employee: \_\_\_\_\_

Kinder Document ID: \_\_\_\_\_

*K-WS-Roller; Rev. 0;*

## Roller Replacement Worksheet

Kinder Reference Drawing: 1559

**Issue Date: 29/01/2013**



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